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Intimate Sketch of Life of Florence Nightingale

By MARGARET RHYNAS, President, Ontario Hospital Aids Association

Florence Nightingale was the younger daughter of Frances, daughter of William Smith, M.P., and William Edward Shore Nightingale, and was born during her parents' three years' stay in Italy, on May 12th, 1820.

On their return to England, the Nightingales procured a desirable home at Embley, on the edge of New Forest.

As Florence grew older, she became the possessor of a family of dolls. She was fond of nursing them, pretending they were very sick; sometimes dreadful accidents would happen to them and she would bind up their limbs with strips of linen and give them great care.

Soon Florence grew to be a young lady, and when not engaged in study, would visit the tenants on her father's estate. If she found illness in any of the homes, she would set about nursing them, making special dainties for them and trying to bring them back to health. Once, too, her pet sheep-dog became very ill and her kind hands ministered to the needs of her faithful companion. So it would seem that from early childhood Florence Nightingale had an inborn desire to care for and relieve the sick and suffering.

Years passed, and this bright young lady had finished her college education and was going to London with her mother and sister to be presented at Court. But as Florence was not socially inclined, she begged leave to spend most of the time visiting the hospitals—so real was her desire to learn the art of nursing the sick and seeing firsthand just how they were cared for in hospitals. In those days nurses were not very efficient, and methods usually incomplete, and it became the desire of this noble woman's heart to study this art and do all in her power to advance her knowledge in what was later to be her life work. After much opposition from her mother, Florence was permitted to enter into and study nursing in hospitals in England, Kaiserworth, France and Italy, deciding later to work out a system for training nurses.

Florence's inward life had never been satisfied by the outward beauty or the pleasures with which she was surrounded. A friend of the family once wrote of her: "On every time I saw her, from a girl of sixteen of high promise, I saw her ripening constantly for her work, the great mission she was later called upon to fulfill."

Lady Lovelace (Byron's daughter) in her verses—a portrait taken from life—gives a picture of the impression made by Florence Nightingale upon Lady Lovelace (when Florence

was yet unknown). The first and last verses are:

"I saw her pass and paused to think.
She moves as one on whom to gaze
With calm and holy thoughts that link
The soul to God in prayer and praise.
She walks as if on heaven's brink
Unscathed thro' life's entangled maze.

In future years, in distant climes,
Should war's dread strife its victims claim,
Should pestilence, unchecked betimes
Strike more than sword, than cannon maim,
He who reads these tuneful rhymes will trace
Her progress to undying fame.

These lines were written in 1851—very prophetic words indeed. Lady Lovelace died in 1852.

At thirty Florence wrote in her diary (1850) "The age at which Christ began His mission." No more childish things, no more vain things.

One can readily realise nothing distracted her from her great mission. Florence wrote in her diary on the occasion of a visit to Cairo, "Oh, God! Thou who puttest into my heart this great desire to devote my life to the sick and suffering, I offer it to Thee; do with it what is for Thy service."

It was not long until war broke out in Crimea, and on October 19th, 1854, a letter was received by Florence Nightingale from the British Secretary for War, Sidney Herbert, asking her to consider going to Crimea under British military orders. After a decisive interview, she sailed on October 25th, 1854, with a group of less than forty nurses, proceeding to Scutari General Hospital and Barrack Hospital, to open the first chapter of what was immortal history—written in deeds—by this Angel of Mercy, the heroine of the Crimea.

It is said that before Florence Nightingale reached the wounded men, forty out of every hundred died, and afterward the death rate was reduced to two out of every hundred. Her name became a household word throughout the land, for the magnificent work she accomplished at the Crimea.

Always in the wards when the rest had retired for the night, this ministering angel would pass, her slender form gliding along each corridor, carrying her lamp—thus she became known as the Lady with the Lamp; and the simple camp lantern became the symbol of Florence Nightingale, and was the inspiration of the poem by Longfellow: "The Lady with the Lamp."

It is said the soldiers, all of whom had learned to respect and love this woman of power and sympathy, would kiss the shadow of her form on the bed as she made her solitary rounds in the dimly lighted wards.

In 1855 Florence Nightingale received the jewel which is now to be seen in the museum of the United Service Institution, and which is a large badge bearing a St. George's cross and the Royal Cypher, with a crown in diamonds and the word "Crimea" with the inscription "Blessed are the merciful" surrounding it, and on the reverse side is inscribed "To Florence Nightingale, as a mark of esteem and gratitude for her devotion to the Queen's brave soldiers, from Victoria R. November 1855."

At the close of the war a large sum of money was raised as a gift to Florence Nightingale, and great preparations were made for her homecoming. A man-of-war was sent to bring her home. Her modest heart did not want fame. She returned quietly to her father's home where she might rest and regain her lost health.

The gift of money, £40,000, which she thanked England for, was accepted only on one condition—that it be used to establish a nurses' training home (for prior to this no school existed). In establishing the

school, Florence Nightingale chose St. Thomas's Hospital, London, chiefly because Mrs. Wardroper, the matron, was an outstanding woman. St. Thomas's Hospital was large, rich and well managed, and when in 1860 candidates for training were asked for, fifteen were accepted, and in June, 1860, the first probationer registered. The school was the Florence Nightingale (Memorial) Training School for Nurses.

When the first group of Canadian nurses (about 100 in number) went overseas to the Great War in 1914 (this was the first time that nurses went with Canadian troops), General Jones (who was then the Director General of Medical Service, of which the nursing service was an integral part) said his greatest worry was what to do with the nursing sisters on arrival in England, as provision had only been made for the troops, but it was a more difficult matter to dispose satisfactorily of 100 nurses. However, on arrival at Plymouth a letter was handed to him and this contained an invitation from Miss Lloyd-Still, matron of St. Thomas's Hospital, asking the 100 nurses to become guests of St. Thomas's Hospital until such time as they were detailed to military hospitals. Is it not a strange co-incident that our first group of Canadian nursing sisters should be guests in the Florence Nightingale Training School Home on their first arrival overseas? Miss Smellie, who is Chief of the Victorian Order of Nurses in Canada, when in England last summer (1930), dined with Miss Lloyd-Still and Miss Smellie learned at this time that Lord Kitchener had asked Miss Lloyd-Still to extend hospitality to the first Canadian sisters on their arrival in England.

In 1859 Florence Nightingale wrote "Notes on Nursing." Harriet Martineau said of it "A work of genius; it is so real and intense that it will, I doubt not, create, before it has finished its work, an order of nurses." In the days following the Crimea War, Florence Nightingale's authority on hospital hygiene and hospital construction ruled paramount.

In 1859 Miss Nightingale was instrumental in conjunction with the British War Office and Ministers in investigating and recommending and directing schemes for the reorganisation of military hospitals, and establishing sanitary works to meet the needs of India; also making codes, rules and plans.

It was through the inspiration of Florence Nightingale that the Victorian Nurses of England was established as a National Society in 1870, for aid of the sick and wounded in the Franco-Prussian War. Sir John Lawrence, it is said, called Florence Nightingale the "Health Missionary." One of her pet quotations was "True knowledge of anything, whether in Heaven or on earth, can only be gained by a true love of the Idea in it."

M. Henri Dunant, a Swiss, in 1859 initiated the International Red Cross Society, which led to volunteer nursing in war. He gave Florence Nightingale the entire credit for the inspiration he received to conceive this great venture.

Florence Nightingale was the first woman on whom was conferred the Order of Merit.

Florence Nightingale, whose work revolutionised nursing methods and hospital conditions the world over, and whose name will ever be a sacred and cherished memory to the civilised world, died in London on August 13th, 1910, at the age of ninety years.

Is it any wonder, then, we pause on May 12th to honour the birth of this great woman, known and beloved to all the world; and on August the 13th bow our heads, and thank God for the life and achievements of this departed heroine?

The Achievements of Florence Nightingale

By HELEN M. BRADSHAW, The Montreal General Hospital School for Nurses

In considering the achievements of Florence Nightingale, whether in their chronological order, or in order of importance, we must begin with nursing. It was the starting point for all else, the open sesame to the arena from which women had been rigidly excluded.

At thirty-one, thwarted and denied the scope for the exercise of exceptional organising ability, she saw "nothing desirable but death." There was that in her which knew itself capable of accomplishment. It is easy to suppose that she, however dimly, knew even at that time that she could do real things if given the opportunity. No wonder, then, despairing of the chance ever presenting itself in a form which she could take advantage of, all unprepared as she was, she saw death as preferable to the frustration of such powers as she was conscious of possessing.

The goal of her ambition was to be of service to humanity. To the clear-thinking, observant woman, nursing offered an immediate field of action. Hospitals all over the world—and she had personally investigated the conditions of a great many of them—cried out for reform. Notwithstanding the opposition of her relations, she never gave up the hope of some day learning the nurses' craft, and at thirty-two succeeded in breaking down their opposition to the extent of being allowed to spend three months at the Fliedner's Hospital at Kaiserworth. From this time she was launched on her career. Like the camel of the fable, she had got her nose inside the tent, and before long the tent had been completely invaded and men were finding her a power to be reckoned with on their own ground.

But all this was not accomplished without almost super-human effort. From Kaiserworth she went to a nursing institute in Paris, and after leaving there was appointed superintendent of a nursing home in Harley Street, where she still was when the Crimean opportunity came. Everyone is too familiar with her exploits at Scutari for it to be necessary to go into it in detail here. What she achieved there she called, "mere child's play" compared with other work, but it was this work at Scutari that endeared her to thousands, and made her name a household word throughout the British Empire; this work too that gave her the reputation that was to be such a valuable weapon in dealing with officials like Lord Panmure. The field had widened, no longer were opportunities for serving humanity to be sought, they crowded in upon her so, that a whole lifetime seemed too short to accomplish half of what she desired to do.

With her health shattered by her Crimea experiences, she yet managed to do more work each day than most of the ablest men. With the help of Sir Sidney Herbert, she persuaded the authorities of the necessity for a Royal Commission to investigate hospital and barrack conditions. She was determined that the disastrous happening of the Crimea should not repeat themselves. As a result of the commission, better barrack accommodation and military hospital construction followed: the Army Medical School was founded and the internal administration of military hospitals was entirely reorganised. While all these improvements at the time dealt only with military hospitals, the effect was far-reaching on all hospitals throughout the English-speaking world.

In 1859 she published "Notes on Nursing," completely revolutionising the existing theories on hospital construction and management. She followed this up with the founding of a training school for nurses at St. Thomas's Hospital in 1860. The interest of the general public was aroused. No longer would it be content with the Gamp type of nurse and the former conditions of its hospitals. St. Thomas's was to be the home of modern nursing. The nurses in training were chosen with a view to their being able to carry the good work further afield: they were to be the founders of hospitals on similar lines all over the English-speaking world, leavening the lump of poor administration and superseded methods.

To the ordinary mortal, all this would have afforded exercise enough for brain and strength; but Florence Nightingale was no ordinary mortal: India and conditions there next claimed her attention. A Royal Commission did for India what the commission had done for the British Army and from it developed schemes of sanitation affecting large areas unconnected with military camps.

By some people this is considered her greatest work, but if by her greatest work we mean that which is most far reaching, what she did for hospitals must rank first, affecting as it does all English-speaking communities.

If men owe her an everlasting debt of gratitude, women owe her an even greater, and no woman more so than the nurse of today. She showed England that a woman's mind need not compare unfavourably with a man's; that a calling which had been considered fit only for the lowest type of woman could be dignified into a calling fit for gentlewomen and women of ability.

The work begun by her goes on today, goes on in ever-widening circles, to which there will be no end save with the end of time.

Fiftieth Anniversary

The School for Nurses, Toronto General Hospital

The School for Nurses, Toronto General Hospital, is fifty years old this spring, and is celebrating this jubilee in connection with graduation, which is to be held on June 11th.

It is hoped that a very large number of graduates can be brought together for the three days which this celebration will occupy, namely, June 10th, 11th and 12th. The programme will include a garden party the day previous to graduation, and a dinner the night following. A tour of the hospital, lectures, clinics and demonstrations of nursing procedures will also be arranged.

All graduates of the school are urged to immediately communicate with the Training School Office, Toronto General Hospital, giving their addresses and years of graduation, on receipt of which further information will be sent, and to send in the address of any graduate which may not be known to the Training School Office or the Alumnae Association.

Editorials

NATIONAL HOSPITAL DAY

It is indeed an honour and tribute to the nursing profession that the birthday of our beloved Florence Nightingale should have been chosen as National Hospital Day. The idea was conceived by Mr. Matthew Foley, a layman and an enthusiastic worker for better hospital service.

The first National Hospital Day took place on May 12th, 1921, just ten years ago. The value of the movement was immediately realised, and year after year it has grown and developed until today we recognise in its celebration endless opportunities for bringing about better health for the people of the community. The original thought in the mind of the founder was to promote ethical and educational publicity in connection with hospital work; to familiarise the citizens of every community with the hospital service available, with the object of establishing and maintaining community and individual confidence in hospitals and of securing better understanding with municipal and government bodies, allied organisations, community clubs and other groups.

Statistics give ample evidence that the movement has been worth while and that hospitals have achieved, for the people, certain important results. Because of a proper knowledge of hospital accommodation and service, patients are coming to the hospital earlier in their illness and are coming in a better frame of mind. That the results under these conditions are better is evidenced by the gradual decrease in the days stay in hospital by the average patient. It is logical to believe that in a community which has become hospital conscious, the hospital will receive sympathetic support in its efforts to improve its facilities or enlarge its service.

The recognition of the hospital as a health centre gives excellent opportunity for all health agencies in the community to participate in the programme, each presenting their work and its relation to the hospital and the community. What a golden opportunity for the medical officer of health of the community to arrange for brief but pointed talks on such subjects as The Cancer Problem, the Value of the Diagnostic Chest Clinic, The Mental Hygiene Clinic, The Venereal Disease Clinic, The Child Welfare Clinic, and so on.

Here and there throughout the hospital, spaces can be allotted for a mothercraft demonstration, a prenatal exhibit, a Junior Red Cross display, and a special exhibit from the Federal or Provincial Department of Agriculture. Health books from the insurance companies, and other literature, can be distributed—visitors are always glad to receive pamphlets to read in the quiet of their home.

To make National Hospital Day successful, so that from year to year the citizens continue to take part in its celebration, requires the careful planning of a programme which will include the participation of every group of health workers. It requires the early commencement of a publicity campaign which will reach out to every member of the community. This can be accomplished in many ways—by invitation to the members of all churches, to the presidents of all organised groups of men and women in the community, by such advertising as asking high school students to prepare posters for use in store windows, street cars and buses, by soliciting the co-operation of merchants to make special displays or loan their window space for special exhibits, by inviting local newspapers and radio stations to assist. The greater the diversity of interest enlisted, the greater will be the assurance of a successful National Hospital Day for your community.

E. M.McK.

BRITISH EMPIRE RED CROSS DAY

At the first British Empire Red Cross Conference held in London, England, last May, it was decided to invite every part of the Empire to unite in celebrating May 12th, the birthday of Florence Nightingale, as Empire Red Cross Day. It is now well known that Henri Dunant, the founder of the Red Cross, freely acknowledged that Florence Nightingale inspired in his mind the great ideal which was later crystallized in the organization of the Red Cross.

Nurses in Canada have become accustomed to celebrating "Hospital Day" on May 12th, and there need be no conflict whatsoever between this and Red Cross Day.

We have one practical suggestion to make for all the members of registered nurses' associations in Canada. Celebrate the birthday of Florence Nightingale by enrolling for Red Cross emergency service. This may be done through the secretary of the provincial nurses' association, who will, on request, supply all the necessary information. Over 500 nurses are already enrolled, and their names are on file in the Red Cross offices. May 12th of this year would be an excellent day for all the other registered nurses in Canada to signify their willingness to serve their country in case of disaster.

J. E. B.

ANOTHER STEP FORWARD

In this number of *The Canadian Nurse* appears a description of an Institute on Maternity Care, which was given in Toronto recently. This was a matter of local interest and import, but circumstances make it also an affair of wider significance for Canadian nurses.

At present medical science is developing so rapidly that various aspects of medical and public health practice are in a constant state of formation and transformation. This fact concerns the public health nurse as well as all other workers in the medical field and lends additional difficulty to the matter of her preparation for her work. At best the public health nurse has had to start her share in this work with scant preparation, and it is evident that she should have constant opportunity to acquire further knowledge and wisdom. It appears that the brief period of study which we are beginning to call an "institute" may serve one part of our need in a quite admirable fashion. It means that for a period of two or three days some one special phase of work may be reviewed in an intensive fashion; the most recent findings of research workers may be presented to a class; and the practical experience of all may be brought to bear upon the methods and matter under discussion. The discussion of a group such as this never becomes academic or theoretical, for the sense of the actual situation and its difficulties is far too acute to allow that to happen. Hence the practical value of such conference is really very great.

The particular matter of interest about the recent Institute on Maternity Care as given in Toronto is that the whole programme of teaching was arranged and presented by a national organisation, namely, the Victorian Order of Nurses. The Order assigned for this purpose Miss Ethel Cryderman, a member of its supervising staff and one who has had unusual training in this field of maternal care. As the need for such instruction is country-wide, nothing could be more opportune than the readiness on the part of the Victorian Order to give this service. It must be quite safe to say that the Order has, among nursing organisations, an unusually extensive experience in this field of maternal care. Therefore when the Victorian Order speaks, it does so from a secure background of experience—a most successful experience, as statistics show that both the maternal and the infant death rate (i.e., during the first month of life) of cases cared for by the Order is decidedly lower than these same maternal and infant

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

death rates for the country at large. This wealth of experience and knowledge was sifted down and to it were added the most authoritative and applicable findings from similar work in other countries. From this a selection was made to meet the immediate needs of the nurses in the field. At the time that the Institute was given, the Canadian group gladly acknowledged its debt to the Maternity Centre of New York for the help received there in preparing for this work; for the latter organization has been a pioneer in this particular field of teaching. The debt to English teaching in midwifery and mothercraft was also acknowledged by the leader, who has herself been a student of both these training courses in London.

It was evident during the two days of the Institute that the group and its leader were seeking wisdom as well as knowledge: therefore it is safe to predict that a notable service can be rendered by the Victorian Order of Nurses if it is able to respond to further demands for this work. These matters are of great importance in our national educational programmes.

E. K. R.

"Universities" by Dr. Flexner

Readers of this number of *The Canadian Nurse* will find herein a review of Dr. Abraham Flexner's recently published book called "Universities, American, English and German." All those who are interested in the matter of university education, and particularly those who are making claims upon the university for assistance in educational programmes, will want to read this book. American, English and Canadian reviewers are all calling attention to it as an extremely important publication. Not that we must necessarily accept all of the author's opinions—that, for the moment, is a secondary matter—but the claim upon our attention lies in the fact that here is much authoritative information which shows quite clearly the direction, or directions, in which our universities are being drawn. Canadian nurses owe it to themselves, and to their profession, to avail themselves of all possible information upon this subject, and a book such as this offers a rare opportunity. We know that, in our educational programmes, we want help and guidance from the university; just what form that help should take is not an easy matter to decide, but it is safe to assume that our demands will be intelligent in proportion to the care that we take to understand the whole question of university development. We cannot afford to ignore this book.—E.K.R.

Parliamentary Procedure

By ALISON EWART, University Library, University of Toronto

PART II

Committees:

Committees are an integral part of a smooth running society. A committee is a small group of members chosen to do some special work. Work may be thus subdivided, and a committee may give the subject referred to it careful attention which the society as a whole could not do. Committees may be appointed by the chair, by ballot, or some other manner of vote by the meeting. They are generally made to consist of odd numbers in order to prevent a tie vote.

Standing committees are those appointed for a specified period of time, usually for a year, for the performance of certain duties. Usually the committee is named with reference to the duties it performs, i.e., the finance committee, or the library committee. The common method of appointment is for the newly-elected president to appoint all standing committees.

The duties of a special committee are temporary. For appointment a motion should be made that a committee be appointed for the purpose named in the motion, or that a motion be referred to a committee. The number to serve on the committee should next be settled, and the manner of their appointment. If the presiding officer appoints the committee, he may do so at once, or later. If later, he should see that the secretary is informed of the names of the members chosen.

The first member of the committee to be appointed is the temporary chairman, and he should convene the committee, which may then elect its chairman. It is the duty of the chairman to name the time and place of meeting, and to see that everyone on the committee is notified. A quorum of the committee must be present for action. (Without other provision, a majority of the committee makes a quorum.) Committees may have motions and votes at their meetings, and observe the same formality as a meeting of the society. They may appoint a secretary and keep minutes. But if the committee is small, the custom is for it to confer informally, merely keeping memoranda for making a report.

Committees have no power except what is given them by the society. If the society gives a committee power to act, then it may act and report to the meeting afterwards, but it must have special authority from the society to do anything except report.

The report of the committee should be addressed to the society, and should contain a definite report of the work done and the information procured, or specific recommendations to the meeting. The report should be signed by all the members of the committee who agree with it. It should be presented by the chairman of the committee. It may be read by him or by the secretary of the society.

A standing committee should report whenever its duties make a report necessary. A special committee should report at the first regular meeting after its appointment. If the report is not ready when called for, the chairman of the committee should ask for more time. The society has a right to discharge a special committee and take action without waiting for its report.

After the report of the committee is read, a motion should be made with respect to it. It is customary to make a motion upon the report as a whole. The motion may be made to accept the report. If there is a recommendation to be adopted in the report, then the motion can be that the report be accepted and the recommendations adopted. Should a change be desired in the recommen-

dations, amendments can be offered, but although the recommendations of the committee can be amended by the meeting, the report of the committee as such cannot be amended; that is, the meeting cannot change the report of the committee, but it may change the recommendations before adopting them.

After the report has been accepted, the meeting continues the consideration of the question at the point where it was interrupted by being referred to a committee, having now the benefit of the committee's report to help in deciding which way to vote. If one or two motions to amend were pending at the time the matter was referred to a committee, they are considered in the same way as they would have been if the question had not been referred to a committee.

Non-concurring members of a committee may prepare a minority report (only with the consent of the committee as a whole.—Ed.) The chairman of the committee should tell the meeting that there is a minority report, immediately after he reads his own report. The meeting is not obliged to hear this report, but it usually does. The report should be signed by the members of the committee who agree with it.

A committee of the whole is really the meeting itself in session as a committee. Committees of the whole had their origin in the House of Commons in the reign of James I. At that time, the speaker, the clerk, and the sergeant-at-arms were nominated by the king, so the House conceived the idea of sitting as a committee of the whole; the speaker, the clerk, and the sergeant-at-arms were excluded, and there was then no record book to divulge the actions or discussions of the House to the king, and perfect freedom of debate was possible.

Resolving a meeting of today into a committee of the whole has this same advantage, that it gives greater liberty for discussion by the temporary freedom from the rules restricting debate. Morever, motions made and votes taken do not become part of the permanent record of the society.

To go into a committee of the whole, the meeting votes on a motion to the effect that the meeting resolve itself into a committee of the whole for the purpose stated in the motion. The president then calls some one to the chair, and takes his place as a member of the committee, and the rules governing standing and special committees govern the committee of the whole.

Motions (See page 243):

The method of procedure in bringing a motion before a meeting is: (1) The member secures the floor by rising and awaiting recognition from the presiding officer, who usually speaks the member's name. The presiding officer recognises the person who rose first in the case of several people wishing to speak at the same time; (2) The motion must be seconded; (3) The motion must be stated by the chair. No motion is before the meeting until it has been stated by the chair; (3) Discussion follows; (4) The motion is put to the vote by the presiding officer, and the affirmative and negative votes are both taken; (4) The result of the vote is announced by the presiding officer.

An ordinary main motion is one by which business is introduced. Its object is to bring business before the meeting. Any new business is brought up with this motion. Only one main motion can be under consideration at a time, and another cannot be offered until the first has been disposed of. An ordinary main motion is the lowest motion in rank. It may be superseded by a privileged main motion or by any subsidiary motion.

A subsidiary motion relates to some other motion. It is only made when a motion is already before the meeting. Its purpose is to change the main motion or other motion that is

already under consideration, or to dispose of it in some way. It is higher in rank and takes precedence over the motion to which it relates. It is used to modify, delay action, or otherwise to dispose of the main motion or certain other motions.

An incidental motion is used not to modify the main motion, but to settle any question incidental to and arising out of the motion. Incidental motions take precedence of all motions except those classified as privileged main motions.

Sometimes circumstances arise in the meeting that are not connected with the main motion, but are so important that they ought to be settled immediately. A motion may be made to handle this emergency, which is called a privileged main motion because it has the privilege of interrupting the main business. While it is under consideration, the ordinary main motion and all pending motions relating to it are held in abeyance. Privileged main motions take precedence over all other motions.

As some motions are more important in their use than others, it has become customary to use them in a certain definite order. This order is called the rank or precedence of motions. An ordinary main motion is the lowest motion in rank. The following subsidiary motions are the motions most frequently used after an ordinary main motion has been made, arranged according to their rank, number one being lowest, and number six highest. (1) To amend the main motion; (2) To amend the amendment; (3) To refer to a committee; (4) To postpone to a definite time; (5) The previous question; (6) To lay on the table.

When any one of these motions has been made, only a motion higher in rank, that is, one coming after it in the list, is in order. For instance, if motion number 4, to postpone to a definite time, has been made, the only motions in order are 5, the previous question, and 6, to lay on the table.

For example, the main motion before the meeting is "that the society buy a new rug and chair for the clubroom." An amendment is made that the motion be amended "by striking out 'and chair'." Another member moves that the question be referred to a committee. A member not in favour of the motion moves "to lay the motion on the table." Another member moves "to postpone further consideration of the question until next month." The chair rules this out immediately because it is lower in rank than the motion to lay on the table.

There are now four motions pending: the motion to lay on the table being undebatable is put to the vote and lost. The motion to refer to a committee is put to the vote and lost. The amendment to strike out "and chair" is put to the vote and carried. The main motion amended to read "that the society buy a new rug" is now put to the vote. Notice, therefore, that the last motion stated by the chair is always the first one voted upon.

The motion to amend is a motion to change a motion already made. You can amend by inserting, striking out, or substituting. A motion to amend must not change the purpose or fundamental character of the main motion. If the motion to amend is carried, the change is made in the main motion and the amended motion is then before the meeting for consideration. For example, the ordinary main motion is "That a committee be appointed to buy a rug and a chair for the clubhouse." Amendments to that motion may be: "to amend by inserting 'of five' after committee;" "to amend by striking out 'and chair';" to amend by substituting 'chesterfield for chair'." The amendment must be seconded and if, for instance, the amendment "to insert five after committee" be

carried, the chairman says, "the motion to amend is carried, and the motion now before the meeting is, that a committee of five be appointed to buy a rug and a chair for the library."

Another amendment cannot be made before the first amendment is disposed of unless it is one to change the amendment under discussion. A second amendment *must* be a motion to amend the first amendment only. For example, the main motion is "that the club buy a chair." The amendment is "to insert 'leather' before chair." The amendment to the amendment is "to substitute 'walnut' for 'leather'." The order of voting is on the second amendment, then on the first amendment, which may or may not have been changed, and finally on the original motion with the amendments which may have been adopted.

The motion to refer to a committee is made in order to give a committee the opportunity to obtain information or to make recommendations. It is used whenever special information is desired about the main motion. If this motion is passed, no further action can be taken on the main motion until it has been referred back by the committee.

The motion to postpone further consideration of the main motion to a definite time has the purpose of providing a more favourable time for the consideration of the motion, and it is, therefore, made by those friendly to the main motion. An affirmative vote temporarily disposes of all motions pending, and the motion or motions postponed come up again under the head of unfinished business.

The previous question means "I move that debate now cease and voting begin." If this motion is passed, all debate on the motion or motions it is applied to must stop, and a vote be ordered at once. It is used when a lengthy discussion seems to be leading nowhere. It takes away the right of debate, therefore it requires a two-thirds vote to pass it. It cannot be debated nor amended, and it is always in order when a debatable question is under immediate consideration.

Sometimes, while certain business is before the meeting, some other matter of greater importance or needing immediate attention, comes up. The motion to lay on the table meets this emergency. It is a quick way of setting aside the main motion since it can be neither amended nor debated. A motion to bring from the table the motion laid there must be made and passed before the matter can be considered again.

As we have said above, an incidental motion is used to settle any question incidental to and arising out of the main motion. One of the most usual incidental motions is the privilege any member has of rising to a point of order, that is the privilege of correcting any procedure that is not according to parliamentary rules. The mover of this motion can interrupt the speaker or chairman and no second is required. The chair must recognise such a demand at once. For instance, the presiding officer may have entertained a motion that was not in order, or may have failed to call for the negative vote on a motion. Any member may rise and say, without waiting for recognition, "I rise to a point of order." The member who has the floor when the point of order is raised will sit instantly. The chair says, "Will the member please state his point of order." The member replies, "My point of order is that the chair failed to call for the negative vote." The chair admits that "The point of order is well taken, and the chair stands corrected." If the chair does not think the point well taken, he says so. If he is not sure of his ground, he may ask for information, or submit the question to the meeting.

If the chair makes a decision on a point of order, the member has the right of appeal, that is, he can appeal from the decision of the chair to the decision of the meeting. The chair then says, "An appeal has been made from the decision of the chair. Shall the decision of the chair be sustained?" A tie vote supports the chair, and the chair itself may vote to make the vote a tie. An appeal cannot be made on a point of order raised while a vote is being taken, or while an appeal or a motion to adjourn is pending.

If anyone objects, no person can read papers or books as part of the discussion on a debatable motion. If an objection is made, a vote to read papers must be taken to allow it. Such a motion is not debatable.

Sometimes a long or complex main motion is offered. Any member has the privilege to ask for the consideration of this motion in sections. The motion to this effect is that the question be divided and the motion to divide must state what division is intended. If the motion to divide is passed, and the main motion is divided, the different parts are considered and disposed of in turn.

Any member has the right to withdraw his own motion before it is stated by the chair without further ceremony. If the motion is under consideration the mover may ask to have it withdrawn before a vote is taken, and this motion does not require a second. If there is no objection, the chair declares the motion withdrawn. If there is an objection, a vote must be taken.

A motion to provide for the manner of voting may be made at any time prior to the taking of the vote. The motions have precedence as follows: (1) viva voce vote (lowest in rank and yielding to the others); (2) division of the house; (3) yeas and nays; (4) balloting. This motion is amendable but not debatable.

It is possible to use a motion to suspend rules on a particular rule covering a particular case, but, of course, no organisation can suspend a rule that is a provision of its constitution or a rule whereby the result will be contrary to the fundamental principles of parliamentary law or the law of the land.

Privileged main motions, as we have pointed out, have the privilege of interrupting the main business. When a definite programme has been arranged, it frequently happens that the discussion goes on into the time set for the other features. Under these circumstances, it is quite right for any member to call this to the chair's attention by a call for the Order of the day. The chair must recognise this call even if it interrupts a speaker on the floor. If anyone thinks the discussion is more important than the programme to follow, a vote may be called. The motion for the Order of the day is not debatable.

If something occurs which interferes with the rights or privileges of the meeting as a whole, or of one or more members, the question of privilege may be raised by any member. Questions of privilege usually arise from the whispering or disorderly conduct of members or from unsatisfactory conditions of the room in which the meeting is held. This motion does not require a second and it is usually handled directly by the chair. It is used in the following manner: Any member, without waiting to be recognised, says, "I rise to a question of privilege." The chair answers, "State your question of privilege." The member explains, "I request that the door be closed so that we may hear the speaker." The chair responds, "Your privilege is granted. Will some one close the door." Sometimes the question of privilege cannot be handled directly by the chair, as for example: A member rises and says, "As a question of privilege, I move that all those who do not belong to the society be asked to withdraw from the meet-

ing." This motion is seconded, and the chair states it: "As a question of privilege it is moved and seconded that all those who do not belong to the society be asked to withdraw from the meeting. Is there any discussion?"

If there is no future meeting provided for, a motion to fix the time and place to which to adjourn should be made before the meeting closes, in this form: "I move that when we adjourn, we adjourn to meet at the University Women's Club on March 3, 1931." This motion is amendable. It is debatable when it is made as an ordinary main motion, but not when it is a privileged main motion, i.e., not when it interrupts another motion.

The motion to adjourn may be an ordinary main motion; that is, it may be made when no other motion is pending, or it may be a privileged main motion; that is, it may be made when another motion is pending. When a motion to adjourn is pending, the only motion which can be made is the motion to fix the time or place to which to adjourn, or a motion to amend this last motion, or a motion to decide the method of voting. Points of order may also be raised, or a question of privilege. The motion to adjourn cannot be offered while a member is speaking nor while a vote is being taken. The motion to adjourn is never debatable and cannot be amended. It must be seconded and carried by a majority vote. Motions pending when the motion to adjourn is carried come before the next meeting as unfinished business; but no motions are considered as pending at the next meeting except the main motion and motions to amend. The motion to adjourn is not in order when it has just been defeated, or when a motion to fix time and place is pending.

Motions in writing become resolutions, given in this form, "Resolved that the club spend part of every meeting in the discussion of current events." If it is desired to give reasons for offering the resolution, these reasons precede the resolution, and are called the preamble. Each reason is put in a separate paragraph beginning with the word "whereas," and the last one should close with the words "Therefore be it resolved." For instance, "Whereas a knowledge of current events is necessary for every cultured person, therefore be it resolved that a discussion of current events become a part of every meeting." The form of presenting a resolution is as follows: The member says: "I move the adoption of the following resolution," reads it, and hands it to the chairman. The chair states it: "It is moved and seconded the following resolution be adopted. (Reads it.) Is there any discussion?"

Debate on a motion consists of such an interchange of views as will enable the meeting to arrive at an intelligent understanding of the motion under consideration before voting on it. Debate follows the stating of the motion by the chair and precedes voting. It is the prerogative of every member to try, within the prescribed rules of debate, to persuade others to his views, and there are no general parliamentary rules limiting the number of times nor the length of time anyone may speak. It is customary, however, to allow the member who has made the motion to be the last speaker. No personalities are allowed in debate. When alluding to other members in debate, a member should not speak of them by name, but as "the member who has just spoken," or by some other decriptive phrase. Members must not intrude their private affairs into the meeting, must not interrupt a member speaking, call "question," or pass between the presiding officer and any member who has the floor. In short, members must observe the ordinary courtesies of life, however hot the debate becomes.

There are several methods of voting on a motion. The vote is by silent assent whenever the chair assumes to declare the wishes of the meeting without the formality of taking a vote, as when the chair says, "It is so ordered." This method is generally used in approving the minutes.

The simplest and easiest way of voting is by *viva voce*, and this method is generally used in preference to any other. The president says, "Those in favour of the motion will please say 'aye'." "Those opposed, 'no'." If any member thinks the decision of the chair when stating the result of the vote is incorrect, he should immediately rise and say, "I call for a division of the house." This requests that the vote be taken again, and should always be heeded.

Voting by division of the meeting is a method which takes more time than a *viva voce* vote, but it is more accurate. The chair says "raise the right hand," or "stand," and the secretary counts.

When the vote is by roll-call, the presiding officer says, "Those in favour of the motion will say 'aye,' those opposed 'no,' the secretary will call the roll." This is the way to take the vote when a record is to be kept of the vote of each member.

The advantage of voting by ballot is, of course, secrecy. The ballots may be either printed or written. In the case of voting for new members, a box with black and white balls is often used. The usual method of electing officers is by ballot, although the custom is not obligatory.

A motion is lost when the vote is a tie, on the principle that it requires a majority to carry a motion. The exception is that a tie vote on an appeal sustains the chair.

In the election of officers, it is usual to have a nominating committee, but in any case nominations may be made from the floor, unless there is a by-law to the contrary. It is not necessary to second nominations. Nominations should not be closed until at least two names are mentioned. To close the nominations, it is necessary for someone to make a motion that the nominations be closed. This motion must be seconded, stated by the chair, and voted upon.

MOTIONS

Ordinary Main Motions:

Subsidiary Motions:

1. To amend the main motion.
2. To amend the amendment.
   Not amendable.
3. To refer to a committee.
4. To postpone to a definite time.
5. The previous question.
   Not debatable.
   Not amendable.
   Requires a two-thirds vote.
6. To lay on the table.
   Not debatable.
   Not amendable.

Incidental Motions (No order of precedence):

Points of Order:
  Does not require recognition nor seconding.
  Not debatable.
  Not amendable.
Appeal:
  Does not require recognition.
  Not debatable if the decision is rendered on a non-debatable question.
  Not amendable.
To read papers:
  No second required.
  Not debatable.
To divide a motion.
To withdraw a motion:
  No second required.
  Not debatable.
  Not amendable.
To provide for the manner of voting:
  Not debatable.
To suspend a rule:
  Not debatable.
  Requires a two-thirds vote.

Privileged Main Motions:

The order of the day:
  Does not require recognition nor seconding.
  Not debatable.
  Not amendable.
Question of privilege:
  Does not require recognition nor seconding.
  Not debatable.
To fix time and place to adjourn:
  Not debatable when made as a privileged main motion.
To adjourn:
  Not debatable.
  Not amendable.

A Vacation in Quebec

By BLANCHE HUME, Toronto, Ontario

A holiday spent among people whose language you do not speak, and with the written form of which you are none too familiar, partakes of the nature of an adventure, even though the distance from home be only the length of a province away.

This particular vacation began in a teacup, a very nice teacup, proffered by an attentive waiter in a tea-room of the *Royal York* on an afternoon in June.

"I seem to see you walking along a woodland path beside a body of water," said the friend whose guest I was, gazing earnestly into the empty cup. "No, not Muskoka, nor Georgian Bay, nor Temagami. This place, though rural, is adjacent to a city."

"Quebec," thought I, my mind unexpectedly taking flight, to come to rest, a second later, on the citadel that dominates Cape Diamond. "Quebec," I said aloud, "rural Quebec preferably, but at any rate some place where one may watch French verbs gambolling about on the green. A nice quiet French hotel, perhaps. Do you know of any such?"

"There is," said my friend, *'Chateau Bel-Air,'* at Ste. Pétronille, in the Island of Orleans, twenty minutes by ferry from Quebec city. The proprietor is Mr. Edwin Fraser. He sounds Scotch, but I seem to recall that Monsieur Fraser did not speak English very fluently, if at all."

The Island of Orleans. Shades of the early discoverers! Why had I not thought of it before? I would write Monsieur Fraser that very night, asking his rates for French atmosphere and a view of Quebec.

In due course there arrived a letter from Monsieur Fraser, or perchance from Madame, whom I rather suspect of being the official correspondent. It was written in French, which I was delighted to be able to translate quite easily. The situation was ideal, they promised, the service good, and I "would even find among the guests those who would be pleased to show (*montrer*) me French." The letterhead was embellished by a little picture of the Chateau, nestling beside the St. Lawrence, its many verandahs —which I soon learned to refer to as "galleries"—overlooking the broad expanse of river.

Such a cheerful little Redcap took charge of my bag at the Union Station! He was extraordinarily interested in my prospective arrival in Montreal the following morning. Why, I would see R 100, of course, a sight one could not afford to miss. He himself intended to stay up all night, if necessary, when the giant airship came to Toronto. He had been in the navy during the Great War, he informed me. There had been sixteen killed on his ship.

When I left the train at Montreal the following morning the walls of Bonaventure Station were decorated with posters announcing excursion rates to the airport. A later train, I found on inquiry, would get me into Quebec in time to catch a boat for the Island before dark. So I went to Saint Hubert, notwithstanding the imminence of rain and the fact that I had, as usual, decided to leave my umbrella at home, a thing which it were better not to do if one is going to Ste. Pétronille in August, where *le Bon Dieu* keeps a storm factory to sprinkle the unwary. And I saw the monster silver skyship moored to its conning tower and heard the folk about me marvel in an unfamiliar tongue—far too long unfamiliar in a "bi-lingual" country—of "Air Sank," which, phonetically speaking, was what I myself was proudly calling *R Cent* a few days later.

The thrill of anticipation, and perhaps, a tiny bit of apprehension, accompanied me aboard the Island ferry as we made the trip across the misty St. Lawrence to the island of my dreams. On arrival, Madame, the chatelaine of *Chateau Bel-Air,* a kindly, dark-eyed lady, who obviously

spoke no English, escorted me to my room. A bright-eyed little French-Canadian maid arrived simultaneously with a pitcher of water, which I subsequently found to be warm water. The room was clean and neat as a new pin, without being luxurious as to its appointments. Its window overlooked a flower-bed in which nasturtiums were blooming; and a winding, tree-lined street, the main street of Ste. Pétronille, meandered away into the misty distance. I was a bit disappointed, even though the prospect was a pleasant one, for on the opposite side of the house was the noble St. Lawrence, grey enough now, but with a potential blueness which I could very well visualise, and the anticipated view of the mellow old fortress. I would wait till morning, I decided, and then if I could summon French enough to my aid would find out whether a room with a view of the river were available.

Meantime there was dinner, and an excellent dinner it was, with brown-eyed little French-Canadian maids in smiling attendance, and one end of the *salle a manger* forming a frame for loveliness of sea and sky and land. An English-speaking lady from Boston, possessed like myself of an inadequate knowledge of French, but with an open mind and an appreciation of the historical background of our surroundings, made one of my two agreeable companions that night at dinner. The other, a French-Canadian, though expatriated for many years, spoke English and French with equal facility. Probably because of this, she was of immediate interest to me. Besides Mlle. X. had quite obviously a droll sense of humour; she made interesting little *moues* when she talked—probably acquired from pronouncing the rounded vowels of her native tongue—and she had eyes that laughed always, even though her mouth did not always follow suit. I decided at once that I liked her, and I hoped she might like me, a little.

I had further practice in French when Mlle. X. asked me to take a walk with her that afternoon. She was apparently much interested in my desire to learn her language, and we carried on a conversation which to me, at least, was entirely fascinating, and which, I feel sure, must have caused her considerable amusement, although it was nobly concealed behind a characteristically polite exterior. On my return, I went at once to my room, consulted the French grammar which had been my frequent companion for the few weeks preceding my departure for the Island, and thus consolidated the gains made during the day. Among the latter I counted my interview with Monsieur Fraser, to whom I had suggested a room with *l'etendue magnifique du fleuve St. Laurent, et la ville de Quebec.* Monsieur consulted Madame, who seemed disconcerted by the request. There was no other room on that floor, I gathered. What about the floor higher up? Madame's face brightened as one who sees a great light. There was a room on the third floor, said Monsieur, with a *tourelle.* Would I care to see it? I would, and we did, and it was with difficulty I refrained from falling on Monsieur's neck and weeping tears of joy and triumph. For the room with the *tourelle,* which was to be my home for the next two weeks, was, I felt quite sure, the most desirable room in the house. The *tourelle* was a lovely little turret with four windows overlooking an enchanting view of the river and the fortress. In addition the room had two gabled windows. From one a view of the sunset was obtainable; from the other one might, if so inclined, see the sun rise or watch the silver path of the moon by night. One could lie in bed and see the fortress in the distance transfigured by the sun or by night glimpse its ramparts encircled by two collars of electric lights, beyond which lighted streets like golden streamers projected themselves apparently into the sky. By day one sometimes looked out one window to find the rain descending in sheets, while out the other the sun was shining, with in between

a lovely *arc-en-ciel*. Sometimes one saw riding majestically into a sunset of rose and amber a painted ship, white from stem to stern, an ocean liner bound for across the sea or making for the home port of Montreal.

They were lovely days that followed. Not that they were full of action, not that we "did" things which one discussed dramatically afterwards. The Island was a veritable lotus land. There was about the *Chateau* always an air of exclusive and contented leisure. It seemed quite the thing to sit on the gallery and do nothing, and the French women from Quebec and Montreal knew how to do it gracefully. When they spoke they talked in quiet, cultivated tones, mostly in groups of two or three, often a mother and daughter or a mother and two daughters making a self-contained little group. There was no noisy talk or laughter on the galleries or in the corridors, no jazz, no raucous radio or gramophone. There was no dance hall on the Island. Monsieur *le cure* would not have tolerated that, nor indeed would the dwellers in the lovely summer homes of the Quebecois. Every morning—it came about so naturally and gradually that I scarcely realised my good fortune—there was for me a little French lesson with dear Madame Y. Sometimes we used my "Hugo's Simplified" as a textbook; sometimes it was a book of *contes;* sometimes Madame brought down her word-book and we read the lists aloud, she pronouncing the English and I the French, with frequent revisions on either side. Sometimes I wrote a little vignette concerning the people I had met or something lovely I had seen on the Island—there was loveliness everywhere there, it seemed, it was only a matter of which bit you selected. One day I even wrote a little rhyme in French to the rhythm of *"En roulant ma boule."* Madame read it through gravely and then pronounced sentence: *"It is not banal."* One day she asked me to walk with her to "the home of her mother," and instead of the lesson on the gallery we would talk by the way. So while we made our way to the fine old manor-house, now rented to strangrs, we chatted away like old friends, both finding a charm, I am sure, in a new friendship that was slowly but surely forming in spite of the obstacles of language.

Even in this quiet place—rich, however, in historical significance—had not Jacques Cartier, who called there in 1635, named it the Island of Bacchus, because of its profusion of wild-grape vines; and had not Champlain, another visitor, spoken of it as a "pleasant place"—even here there were little daily happenings, unexpected contacts with the past, too slight to be recorded here, but which contributed to one's own private sense of satisfaction. There was, too, a trip to Quebec with Mlle. and attendance at my first French "talkie." There was a never-to-be-forgotten day when three of us motored in leisurely fashion around the island, stopping here and there while one of the party, an artist, put on canvas a delectable little sketch of an old manor-house or a simple cottage set in the midst of a riot of summer flowers. There was a visit to *"Moulin Gosselin"* at St. Laurent, where Madame so kindly showed us the old mill-wheel and other appurtenances of days long past, and a call at *Maison Mauvide,* through whose museum of treasures we were conducted by Judge Pouliot, and smiling, handsome Madame Pouliot. There was attendance at the parish church set on the hill, where Father Paradis preached to his flock; Father Paradis with his greying hair and his shy, boyish manner, never relinquished since academic days; Father Paradis to whom the Protestant listened so intently, feeling for the first time that her ears were really opening to the sounds of this beautiful new language.

There was Sunday afternoon, spent alone on the beach behind the walled garden of Mr. Horatio Walker, the artist, who has immortalised the Island and its habitants. Just beyond

the walls on a lovely curving beach I sat myself down. Behind me there rose a tree-covered slope, whereon I recognised old Ontario friends, the oaks, maples and birches, with many early autumn flowers growing around their bases. Sunshine and frequent precipitation had made of the Island a veritable garden of the Lord, while other parts of the continent were arid as a desert. Here one could depend almost every day upon a little summer shower. There would be a sudden clouding of the sky, a hurried downpour, then a clearing, sunshine, a rainbow perhaps, and a quick absorption of the dampness, leaving only a renewed greenness of shrubbery, lawn and garden. Beyond the pebbled beach stretched a broad band of marsh, green as the hills of Ireland, then the river, not so blue as on the opposite side of the village. At its feet on the opposite shore were grouped the little houses of the habitants, rose, primrose and grey blending with the green verdure to make a mosaic of lovely colour. Above the houses there ran back for some distance small farms, probably of market gardeners, who bring their colourful products to market each week. If you are awake early enough, and curious, you can see the Island cars piled high with produce bound by motor and ferry for the old market on the wharf at Quebec: great bunches of carrots like monster bouquets of marigolds, vegetables, fruits and dairy products for which the Island farms are famous. Beyond the little farms across the river, wooded land stretched back to the stately Laurentians, a range of mountains blue as the cloak of my dear Madame Y., or the pictures of Maxfield Parrish, blue as a winter sky when in the air clear and cold sparkle the stars of midnight. Cumulus clouds above the mountains are white and softly grey, with in between clear blue sky, a pretty blue, though not so richly deep as the blue of the mountains. Presently the sun shines directly on the falls of Montmorency, opposite which I am seated. Even from this distance I can see the movement of the waters. It is as though someone had suddenly turned on an electric switch and flooded with light, first the falls, then the houses, the little farms and the woods in turn. But already the fickle sky is changing, the soft dove grey becomes ominously darker. I think it best to return *toute de suite* to my Chateau, and the thought is justified, for no sooner do I reach its portals than the heavens are opened; down comes the rain.

The days pass, one or two more and I shall be leaving the enchanted Island. It is the night of August 13. Just as I am dropping off to sleep I am wakened by an unsual sound. Usually one hears only the soft swish-swish of the water caressing the foundations of the Chateau—I think if velvet were vocal it would make just that sound. Suddenly I think of something it might be. I leap from my bed and there, a few yards away, above *"L'Anse du Fort,"* in the misty moonlight but showing clearly above the lighthouse, is the silver ship R100. I watch the dirigible until its lighted portholes blend into one and it appears as merely another star in the midnight sky.

A writer in *Le Figaro,* the reading of which I owe to one of my French-Canadian friends, said recently that man consecrates the best of his time to remembrance and to hope, which will perhaps serve as an excuse for this reminisence of an enjoyable vacation. Not for a moment did I repent the decision to go to the Island, nor even the necessity of going alone. One does not master a language in two weeks, at least not outside of a correspondence school, but in those two enchanting weeks I provided myself with a store of "souvenirs" for the winter months, and with a lovely new hobby, the study of French, and gained as well, I like to think, some delightful French-Canadian friends, whose hospitality and whose kindness to the stranger were as charming as the Island of Orleans was beautiful.

Universities

By ABRAHAM FLEXNER, Oxford University Press, Toronto, 1930.

Abraham Flexner's book entitled Universities will not be a best seler as far as the general reader is concerned, but one would be safe to predict that it will be widely read and discussed in academic circles. It is the book of the year. The ears of many, if not all, universities will tingle, or ought to. Governors, regents, deans and professors will have much food for thought.

It would be unfair to the author to suggest as a sub-title *the educational racket,* yet much of what is said upon the subject of American universities might be so categorised. In his attack upon the extension systems and upon the "service" departments of universities, Dr. Flexner is at his best. Correspondence courses and high pressure salesmanship of the largest and best known universities come in for rapier thrusts of ridicule. For sheer enjoyment and interest no book could have a duller title.

The first section of the book deals with "the idea of a modern university." Dr. Flexner is singularly qualified to express an opinion in this regard for it is one qualified by sincerity, scholarship and maturity. A university is an organism, "an expression of the age, as well as an influence operating upon both present and future." Naturally the American universities interest us more than those of England and Germany since the forces which are determining their character are common to both United States and Canada. "Struggle and instability are at the moment the striking characteristics of American life," "a seething chaos in which things get the better of ideas." Universities must grow with the times, that is desirable and essential, but where must the line be drawn so that they may not represent an "astonishing medley of excellence and triviality?" The greatest of the American universities, Columbia, Harvard, Yale and Chicago have succumbed to the pressure of the times in zealously offering educational "service" to the public. Columbia offers to home groups, through *personal instruction,* accounting, agriculture, biblical literature, boy scouting, fire insurance, juvenile story writing, manufactured gas. These are among the subjects advertised as "home study courses of university grade." Subjects counting for a degree may include fundamental problems in clothing, recent research in cookery, food etiquette and hospitality, principles of home laundering, gymnastics and dancing, for men including practice in clog dancing. In the Department of Home Economics and Household Administration, Chicago has granted the M.A. degree for these on "Photographic studies on Boiled Icing," "Trends in History Advertising," "Buying Women's Garments by Mail," "Style Cycles in Women's Undergarments," "A Time and Motion Comparison on Four Methods of Dishwashing." No specific mention is made of schools of nursing, however, one who advocates their inclusion within a university, with the granting of a degree comparable to the B.A., is given pause, when schools of vocational character, such as schools of journalism, librarianship and optometry are severely denounced. Universities must "train intelligence, capable of being applied in any field whatsoever. They have responded, as was right and sound, to the call and pressure of the age. But this is not all they have done. They have thoughtlessly and excessively catered to fleeting, transient, and immediate demands; they have mistaken the relative importance to civilization of things and ideas; they have failed, and they are in my opinion, more and more failing to distinguish between ripples and waves."—D.F.

The History of Nursing Society of Montreal

By ETHEL M. HILLYARD, Children's Memorial Hospital, Montreal

The History of Nursing Society of McGill University held its first meeting for the season 1930-1931 on November 10th, 1930, in the Faculty Room of the Medical Building, Dr. Maude Abbott of the Medical Faculty, Miss B. Harmer of the School for Graduate Nurses, and Miss Lecompte of the University of Montreal being amongst those present. Miss Batson, of the Montreal General Hospital, was asked to take the chair.

Previous to this meeting the History of Nursing Society had been controlled by the students then attending the School for Graduate Nurses, but there had been some dissatisfaction, due to the lack of continuity of officers. A new scheme of organisation was adopted, the officers to be chosen from graduates and students of the university schools, from graduates of the French and English hospitals, the directors of the university schools as well as the lecturers in History of Nursing being members ex-officio.

Miss Batson was elected president, and Miss Lecompte vice-president.

As the officers and members are drawn from all nursing circles in Montreal, the name of the society was changed to "The History of Nursing Society of Montreal."

A very successful second meeting was held in the Medical Building of McGill University on Saturday, February 28th, at 3 p.m. The meeting was exceptionally well attended by both French and English nurses.

The subject of the meeting was "Great Names in the History of Nursing," and splendid papers, illustrated with slides and pictures, kindly loaned by Dr. Maude Abbott, were presented by the students of the nursing departments of McGill University and the University of Montreal.

St. Francis of Assisi was the first discussed, and amongst the chief items of interest were the valuable pictures Dr. Abbott had collected in Europe, showing the church built over the tiny chapel of former days, and other fitting memorials the admirers of St. Francis had erected to his memory.

St. Louis of France, and St. Vincent de Paul, familiar names to the student of nursing history, were not forgotten, and slides were shown of each. Especially interesting were the pictures showing the Abbaye du Royaumont, reconstructed as the Scottish Women's Hospital during the days of the Great War.

A very interesting and inspiring paper was read by Miss Lecompte on Mme. de Chantal, a French woman, remembered for her devoted care to the sick and poor.

The success of our society has been greatly due to Dr. Abbott, who, when our interest has wavered, has inspired us, and has always been ready to help the members in obtaining information for their papers.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss ANNIE LAWRIE, Royal Alexandra Hospital, Edmonton, Alta.

Psychology in Medicine and its Application to Nursing

By Dr. JOSEPH TANZMAN, Saint John, N.B.

Psychology is one of the basic sciences which has been developed only in the last fifty years, although it had been studied and practised for centuries back. From manuscripts, it was found that Aristotle performed experiments in psychology, and similar work was done in later periods; but it was not until 1875 that this subject was placed on a scientific basis, and since then a considerable amount of research has been carried out. So much so, that today almost all departments of industry and all professions make use of its principles. One need only study the present day advertisements to readily appreciate the lines along which the principles of psychology are used. The several healing cults, such as faith healers, drugless healers and quacks, are experts in applied psychology, and in spite of the critical remarks from our profession, they have done good work —particularly in the hysterical class of individuals. The able use of suggestion by these people affects the personality in such a way that the individual cannot help but react according to the demands made.

In previous centuries the physicians also used suggestion and through simple complexities, resulting from fear and awe on the part of the patients, who were impressed by the ability of their healer to deal with the super-natural and chemicals, obtained good results.

It would seem, from the way it is discussed, that psychology is a subject for only those who believe themselves cultured. This, however, should not be and is not the case, because it is a practical study essential in the curriculum of any profession. Ever since the term has come within my understanding, I have often observed things from a psychological viewpoint. The result was the frequent application of the principles of this science almost unknowingly. I believe that success in any branch of endeavour depends greatly on the ability to apply the principles of psychology.

The question is often put: "What is psychology?" The answers are many, owing to the fact that each expert makes a definition of his own. For our purpose it is sufficient to say that it is the study of behaviour, the study of the reactions of an individual to environment, or the study of the individual as a whole, and not in part as is the case in physiology. The two sciences, however, are closely related, and both depend on a knowledge of anatomy (particularly the brain and nervous system in the case of psychology).

The behaviour of the human being plays an important role in medicine and a good nurse or physician should appreciate this fact, and know the character of the patient as well as the character of the pulse. The skill of applying psychology in the care of the sick, has great influence upon the progress of the disease in many instances. It has been said that there is a human as well as the pharmaceutical factor in every patient and it

(Read at a meeting of the Saint John Chapter of the New Brunswick Association of Registered Nurses.)

remains for us to determine and realise this point.

We treat the stomach, the lungs and heart
As if these things were set apart.
We treat the kidney, the liver and feet,
And all the while ourselves we cheat.
We sneer at our brother (I beg pardon please)
And haply think we are treating disease.
We work along the well-trodden plan,
And somehow forget we are treating a man.

One should know the character of the individual so that one may adjust oneself to the situation, and hence make oneself friendly rather than antagonistic. This especially is the duty of the nurse, who is with the patient constantly, and is in the position to observe closely the mental trend. Different individuals vary in the limits of patience, but it is usually the more patient one who achieves one's aim. One can almost state that as far as the nurse is concerned, the application of psychology is equivalent to the combination of tact and patience in dealing with the sick. To be able to control the patient's behaviour is indeed an accomplishment. Many difficult problems confront us. Some of these you all know: namely, a patient refusing to take medicine, the difficult second stage of labour, the nervous type of patient and the neurasthenic, the incurable or protracted illnesses.

The nurse and physician should develop the ability to overcome such difficult situations. This acquirement will be facilitated by the familiarity with the science of psychology.

One may learn a certain amount of practical psychology through close and repeated observations without necessarily studying the fundamentals of science. Sir William Osler exemplified this fact His remarkable knowledge of behaviour reactions of people, both sick and healthy, was obtained by repeated observation, and in a great measure formed the basis of his success as a teacher and therapeutist.

One notes the effect on a patient when the physician or nurse arrives on the scene; the great mental relief resulting from the extreme confidence placed in both. This is a psychological response and is favourable to the welfare of the patient. The nurse and physician should reciprocate by justifying this confidence, and in an harmonious way strive with the patient for an ultimate cure. The relief of pain and suffering does not always lie in the use of drugs. But a word or an act will greatly comfort one's mind so that extreme suffering will be made endurable.

The old family physician was a practical psychologist—he knew his patient even in good health, which fact does not often obtain now, especially in a big city. This interest in the family affairs of his patients placed him in a position of general counsellor as well as medical adviser. The faith in this man was implicit, and as a result, co-operation on the part of his patients was always assured. The thought of such a man looking after their welfare afforded great comfort and satisfaction to the patients. The psychological response was favourable and aided considerably in relief of physical and mental stress.

Both nurse and physician should observe reactions to certain situations on the part of their patients. Note their feelings, emotions, expressions of thought, degree of memory and all the various factors that go to make up the personality and I refer to personality in the psychological sense, and not to the attitude of the individual with dignity and corpulence. In this way they will be in the position to aid the patient mentally, possibly by a mere suggestion. They will refrain from poor prognostication in the patient's presence. They will avoid discussions of serious complications or other illnesses, knowing that the patient's

state of mind is such, that he attributes any symptoms or sign to his own condition. The feeling of depression is rather unfavourable as you are well aware. They will aim to instill hope into the patient and attempt to get his co-operation. They will apply psychology so that they will be an inspiration to the patient, rather than a depressing factor.

Especially helpful is the basic knowledge of this science in the handling of mental cases and those bordering on mental diseases. Herein lies the principle of psychiatry, the study and treatment of mental diseases. The increasing number of unfortunate individuals suffering mental instability, should emphasize the need of proper understanding of the functional aspects of brain lesions, and it is only by a knowledge of the normal responses that the abnormal reactions may be gauged. Familiarity with the normal will quickly bring to light any unfavourable change in the personality of the patient, and the nurse and physician should constantly be on the lookout. Early adjustment resulting from proper observation will often prevent catastrophes or help mitigate the degree of mental deterioration.

Of course there are other factors in nursing that are essential in the general care of patients; but it is the wide knowledge of all phases of the profession combined with experience that makes for a successful career.

Often times one is confronted with irrationality of the patient. It is important in such cases to note the nature of the delirium—the kind of ideas running through the mind—are they disconnected or associated? Are they centred about one thing? The knowledge of these facts may lead to the etiology of the disease, and if one is taught the types of thought one is always on the "qui vive" for the proper information. Psychology is based on such observations.

May I, therefore, make this plea for the promotion of this branch of science in the education of a nurse who I am sure will find much more interest in her training if she is taught how and what to study in the patients' mental makeup, in addition to the specific ailment. It will not alone raise the standard of nursing but will inculcate a feeling of personal interest rather than the somewhat mechanical methodicity.

A relatively recent addition in medicine, is psychotherapy. Here a knowledge of the personality dealt with enables the expert to make or advise adjustments in the life of the patient so that restoration of relative normality may be obtained. Psychoanalysis is resorted to as an aid in determining the cause. The method is tedious but often bears fruit, and certainly must give one a sense of satisfaction in knowing that a distressed mind is put at rest. I cannot explain the details of this psychoanalysing as I am not familiar with the subject, however, I was convinced of its authenticity by being experimented with along these lines. Occupational therapy is another phase of adjustment to the situation. This also is the result of observations dealt with in the study of behaviour.

In this so-called mechanical age when the tendency is to develop skilled artisans, great scientists, specialists, the behaviour of individuals is almost lost sight of. Each one does just so much in a mechanical fashion. The cultural, aesthetic, fine and beautiful things in life recede into the background. Every individual is a mere unit struggling for existence in the keen competition. Life has become almost entirely physical except for the occasional awakening to other phases. Combination of the study of the sciences of which psychology is one, will in an intelligent way help to make one appreciate these facts and as a result, make this life more human.

Psychology and Nursing

(Contributed)

We are living in an age of applied science. Electricity, chemistry and mathematics are being used in the practical work of everyday life. A short while ago they were merely the toys of the scientist. Today they contribute to our modern progress.

As a science, psychology is one of the youngest but it is perhaps the most ancient in interest. From time immemorial men have been interested in the behaviour of their fellowmen. What other people do, say, and think has always occupied the centre of interest in human beings. The study of mental aspects of life probably had its incentive in the desire to know how to deal with others.

In more recent years the subject has proved to be of universal value. The conversion of bare facts into practical use is the task of applied psychology. The understanding of human nature enables the psychologist to be of assistance to mankind and we find men of the most varied occupations turning to this new science. The advertiser uses psychology to modify the behaviour of the general public, so that after reading his advertisements, they will buy his goods in preference to other people's. Controllers of traffic are able by its aid to predict the behaviour of crowds. In the sick room and the ward there is also behaviour to be controlled.

There is the patient who refuses his medicine. His behaviour needs modification. There is the sleepless patient with the sedative habit. All he may need is a nurse who is capable of using psychology. Any one with nursing experience can add to these, innumerable instances.

Our present knowledge of the subject has been gained by methods which are based on that most reliable faculty—observation—and for this reason nurses who must apply observation in every moment of their waking life are, perhaps unwittingly, psychologists of no mean order.

Observation may be of one's own personal experience — introspection —or on the other hand we may examine the experiences of other people by studying their behaviour and very soon we shall arrive at the conclusion that there is a strong similarity between our own behaviour and that of others, under given circumstances.

Besides this, the nurse has access to an unique and invaluable source of training either in public hospitals or private homes for mental patients. Here one can observe certain types of behaviour crystallised in extreme form, and in addition one is given constant practise in the control and prediction of behaviour. It is a question if a nurse can be considered adequately trained for the nursing of mentally normal patients if her training has been devoid of this special preparation and experience. It has been suggested that the general nurse has more need for a special course in nervous and mental nursing than the mental nurse has for general and surgical training.

At the present day most nurses would take exception to that suggestion and yet all will agree that there must be considerable mental adjustment and a better knowledge of this newer science as applied to nursing before we can follow the teaching of the psychologist who wrote:

"There is no mysterious difference between the working of the behaviour of an individual in health and disease. The strange ideas and

behaviours of the mental patient are not due to a disturbed soul or the afflictions of a mind. Rather they are disorders of behaviour."

From this viewpoint one will readily see why training with these patients is invaluable to the nurse and the reason why it is essential to have some knowledge of the elementary facts of psychology in order to be able to predict and control the behaviour of mentally normal patients.

Suggested Curriculum for use in Schools of Nursing in Canada

By GRACE M. FAIRLEY, Chairman, Nursing Education Section, Canadian Nurses Association

A committee of the Nursing Education Section is at the present time preparing a curriculum which it is hoped will be helpful to superintendents and instructors in planning the practical and theoretical education of the student nurse. While considerably broader than the average provincial minimum curriculum, it is sufficiently elastic to allow of adjustments to meet local needs.

Before recommending its adoption this committee (which of necessity is small) will have it reviewed, criticised and endorsed by the members of the Nursing Education Section of the Canadian Nurses Association. Meanwhile, excerpts from the "Report of the Education Committee of the International Council of Nurses" have been printed and are being sent to the provincial sections and provincial inspectors of schools of nursing, to give an opportunity of studying it before the suggested curriculum is available.

Many of the larger schools in the Dominion have adopted curricula much more comprehensive and varied than the one referred to, but on the other hand, there are many superintendents who have expressed the wish to have some guide in enlarging and developing their course from its present form.

There is also the realisation that in fairness to the students, with the raising of educational requirements for entrance to schools, and the constant interchange of graduates from one province to another, an effort must be made to bring professional standards in nursing to the point that they are acceptable in all provinces and to the best hospitals.

It has been suggested that questions and answers relative to any phase of this curriculum be published from month to month in this Department and members are requested to contribute suggestions or criticisms.

HEALTH BY RADIO

During the past four months ten-minute health talks by radio have been broadcast under the direction of the Department of Health and Public Welfare for the Province of Manitoba. Among the speakers have been Miss E. A. Russell, Director of Public Health Nursing Service, and Miss A. E. Wells, of the Health Education Service.

A CORRECTION

In the April number there was published an article entitled "Private Duty Nursing Experience as an Asset in Public Health Nursing," by Miss Mary Matthewson, who is engaged in Child Welfare Work in Montreal, and not at the Library of the University of Toronto, as announced.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss CLARA BROWN, 153 Bedford Road, Toronto, Ont.

The Intangible Things in the Kit Bag of a Private Duty Nurse

By E. GERALDINE DWANE and HELEN HETHERINGTON, Sherbrooke, P.Q.

The private duty nurse packs her bag ready for the expected call. Into it goes her uniforms, reference books, and all the paraphernalia of her craft. The bag is full and heavy to carry, nevertheless there are other most important things that must go with her. They take no room, nor add to the weight, but without these intangible assets no nurse can expect professional success, nor is the outlook for her patient a happy one.

The first and perhaps the fundamental requirement of a successful private duty nurse is the background of a good home training. The girl who has been brought up by a fine mother, and taught from her earliest days self-control, unselfishness and personal daintiness, in a home where the rule of the house is courtesy and clean living, is the material the nursing profession requires. Fortunate indeed is the nurse who has also had a wise father to broaden her outlook on life and to instruct her in the principles of business honour—that no honourable person divulges business or professional secrets; that it is dishonest to contract debts without the prospect of meeting them; to face facts, and stand up to difficulties without whining or hiding behind an alibi; to be a good sport and give others a fair chance.

The girl with such training never develops into a nurse who regards the Florence Nightingale pledge as a mere form, or whose ideas of "mine and thine," whether concerning personal property or the other woman's husband, are vague.

A nurse with such a background is fitted for private duty. There is no other professional relationship calling for such close personal intimacy as that of the private duty nurse, her patient, and her patient's family. In other branches of the nursing profession a clever girl with good technical skill need not be hampered by a poor background. The work does not require such prolonged and intimate personal contact. A smart uniform and correct professional manner can cover a multitude of sins, but no veneer is proof against the long hours of isolation with one person. The patient sees through the pretense if nobody else does.

Secondly, she takes to her patient the trained observation and technical skill acquired by three long years of study in a hospital where the standards both for education and character are exacting and an almost military discipline prevails.

Then into the kit bag must go sympathy, courage and patience: for the wise nurse looks on her patient not just as a case to be cared for like a hospital dummy, with robot-like precision, but as a suffering human who looks to her for comfort and help, as a little child to his mother. She knows that after the days of the crisis are past, comes the weary time when it is hard to arouse either the courage or the desire to live. Then it is that all the finest qualities the nurse holds in reserve must be summoned. Then all her courage, firmness, cheerfulness, is required: not the senseless, annoying optimism of the Pollyanna type, nor the boisterous, tiring cheerfulness of high animal spirits and a lack of understanding, but the cheer that comes from courage, determination and high ideals. Also into the bag must go the tact that keeps all the members of a family satisfied, while admitting only those whose visits have proved

(Read at the annual meeting of the Association of Registered Nurses of the Province of Quebec, Private Duty Section.)

beneficial; the insight that can sense when a mental worry is retarding recovery, and the understanding that will try to remove it; and lastly, a sufficient knowledge of psychology to help the patient toward health through his mental attitude.

The well-equipped nurse must certainly carry in her kit bag a keen sense of humour. This does not refer to the fund of funny stories, in more or less doubtful taste, that every nurse collects on her wanderings, but to that protective armour which prevents her taking too seriously either herself or the petty annoyances which her work inevitably brings. A sense of humour has been defined as "a nice sense of proportion." It is that sense which enables the nurse to put the attempted love-making of the sentimental male convalescent in its true place, a symptom of a certain degree of recovery, to be treated with a dose of commonsense p.r.n.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

Then experience must be added to the contents of the kit bag. Each case teaches something that may be useful to another. No two people are alike, and the private duty nurse acquires a liberal education in the vagaries of human nature.

There must also be, in the equipment of a private duty nurse, a well chosen element of outside interest. She must have something other than "shop talk" to offer her patient. Unfortunately, the very nature of the work, the concentration it requires and the isolation it entails, tends to force the mind into a narrow professional groove. There is little time, money or nervous energy left after working hours for the pursuit of cultural fads.

But nature offers beauties without cost to the woman with seeing eyes, and there is the whole world of fine books at her door offering rest, recreation, and entree to the fine and interesting side of life; while newspapers will bring word of what is happening in the outside world. There is nothing that makes a point of contact between an educated patient and a nurse more satisfactory that a mutual love of good reading.

Then lastly we find, tucked away in the bag, love of her work. Ninety-six nurses out of one hundred, asked to suggest a crest for the Private Duty Section, would approve of a ball and chain rampant, quartered with whips and a galley slave: motto, "I loathe private nursing." But that is just a "bluff"; they love their work and are, like fire horses, at the sound of the call, wild to go. Nothing but real love of the work would keep any woman in it. The hours are longer, the work is harder and more nerve exhausting, and the total earnings smaller, than in any other work undertaken by educated women. Still, she sticks to her job. Often not only is she so tired "her noble expression aches," but she aches through to her very soul, and her one idea of heaven would be to go to bed and never get up again. But after a little rest, back she goes for more punishment.

And then our private duty nurse leaves her case, taking her kit bag with her. But in it she takes away with her intangible things gained during her stay, and which reward her as much as the fee she has earned. The joy of work well done and a fight well fought; possibly the friendship of a dear, unselfish woman who has unconsciously taught her nurse a lesson of courage and showed her a finer outlook on life; the kindly, tolerant viewpoint of a man who is really a gentleman; maybe the love of a pathetically patient sick child; or the mellow wisdom of the aged nearing Life's golden gate.

Even if the adult patient has been a selfish, inconsiderate bully, determined to get his pound of flesh—plus; the child spoiled and undisciplined; or the "old body" an impossibly cranky crab, there is a warm sense of satisfaction in the knowledge that she has done her work well, to say nothing of the relief of knowing that she is not obliged to live with such people, that penalty being reserved for their unfortunate families.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
MARY F. CAMPBELL, 344 Gottingen Street, Halifax, N.S.

An Institute on Maternal Care

By ALICE THOMSON, Convener, Maternity Care Committee, Community Health Association of Greater Toronto

Toronto has been very much interested in the subject of Maternal Care during this past winter. A committee of the Academy of Medicine has studied the situation from a medical point of view. The Child Welfare Council and Local Council of Women have sent out letters to clubs and organisations, offering them speakers on the subject in order that lay groups may be as well informed as possible. The nursing group represented in the Community Health Association of Greater Toronto, realising that Maternal Care is a field in which all nurses interested in community welfare must participate, decided that something in the nature of a refresher course in this subject would be helpful. Miss Smellie, Chief Superintendent of the Victorian Order of Nurses for Canada, was approached and agreed to allow a member of her staff to conduct an Institute on Maternal Care for Toronto nurses.

On March 11 and 12 Miss Cryderman conducted this Institute for 40 nurses representing the following organisations: Infants' Home, Toronto General Hospital Social Service Department, Department of Public Health Nursing, University of Toronto, Ontario Department of Health, Toronto General Hospital Obstetrical Department, Hospital for Sick Children, Red Cross, Victorian Order of Nurses, St. Elizabeth Nurses, Toronto East General Hospital Outpatient Department.

Through the usual generosity of Miss Gunn the sessions were held in the new classroom of the Toronto General Hospital Training School for Nurses. From every angle this was an ideal location. The classroom is on the top floor of the nurses' new residence, formerly the Private Patients Pavilion, and in addition to being easy of access, is bright, sunny and quiet.

The Institute was opened by Dr. G. P. Jackson, Medical Officer of Health, and Miss Smellie, Chief Superintendent of the Victorian Order of Nurses for Canada. Dr. Jackson stressed the importance of the nurse in a maternal care programme and also expressed his gratification that the Victorian Order had consented to bring the stimulation of their experience and training to Toronto nurses. Miss Smellie felt that the Victorian Order of Nurses was the logical organisation to do this sort of thing in the maternal care field as this is a national problem and the Victorian Order nurses do a great deal of obstetrical work throughout Canada.

The Institute was held in six sessions over a period of two days. In the first session Miss Cryderman outlined the general maternity situation and discussed relationships—giving the maternal mortality and morbidity statistics for Toronto and Canada—and quoting Dr. B. P Watson, of Columbia University, who states that most complications of child birth are preventable. Adequate maternal care, Miss Cryderman stated, consists of the following:

1. Medical examination early in pregnancy.
2. Medical supervision throughout pregnancy.
3. Instruction to the mother throughout pregnancy.
4. An aseptic delivery.

5. Care and instruction after delivery.

6. Medical examination six weeks after delivery.

7. Health supervision of the baby.

The nurse has a responsibility in this field because of her training and her ability to make a good contact with mothers. In order to be a success, however, she must have a thorough knowledge of obstetrics, must have a general knowledge of her community and its needs, must be convinced of the possibilities of instructional work in this field and must be able to gain the confidence of those with whom she comes in contact.

The second session of the Institute dealt with details of the nurse's responsibility for pre-natal care. She may instruct mothers by visiting them in their homes, by conducting classes for groups and by arranging for conferences with individual mothers in her office. In home visiting she should have what was described as social technique, remembering always that she is a guest in the home. She should carry as much illustrative material as possible and should teach by demonstration whenever possible. It was stated that patients who need this instruction may be found by the reports of neighbours, other health agencies, insurance companies or hospitals. A knowledge of the value of pre-natal teaching may be spread by newspaper articles and by the nurse's introducing the subject in every visit, whatever the nature of the visit may be.

Classes for mothers afford an excellent opportunity for teaching. They cannot take the place of home visiting but are a good supplement for this work. The advantage of classes is that mothers are often in a more receptive mood when they are away from their own homes, and when they have made a certain amount of effort to seek the teaching. It is also possible to display more equipment to a class than a nurse can carry into homes.

Miss Marjorie Bell, nutrition worker, Victorian Order of Nurses, Montreal, addressed the evening session on the Nutrition of Pregnancy. She stressed the need for calcium in the mother's diet, stating that a woman requires one and one-half times as much calcium when she is pregnant as when she it not. She should get this from fruit, vegetables and milk. About four cups of milk daily should be taken. Miss Bell also drew attention to the fact that calcium to be effective in bone-making must be complemented by vitamine D. This the mother may get from sunshine and also from cod liver oil. Since cod liver oil may cause nausea, Miss Bell recommended Ostogen or Ergosterol.

Miss Bell told of the plan of organisation in Montreal by which she is attached to the staff of the Victorian Order of Nurses, and acts as a supervisor of nutrition work, instructing the nurses in the principles of nutrition and visiting problem cases. (See The Canadian Nurse, October, 1930.—Editor.)

In the fourth session the discussion of the details of pre-natal teaching was continued. Suitable clothing, with a maternity dress if possible, was mentioned as a factor in the mother's physical and mental well-being. The need for sufficient rest and sleep and fresh air and exercise was brought out. It was also stated that the pre-natal period is the best time to teach the principles of breast feeding and the care of the breasts. Care of the teeth during pregnancy is important. Under the heading elimination, the care of the skin was discussed, also the need of drinking more water to assist the kidneys, and proper care to assist bowel elimination.

In the fifth session of the Institute Miss Winter, of the Victorian Order of Nurses, Toronto, explained and demonstrated the preparation for

confinement in the home and the technique of a visit to give post-partum care in the home. Following this Miss Cryderman outlined the care required for the six weeks after confinement, stressing the need for a complete physical examination at the end of this time. It was also pointed out that if the mother had not had pre-natal supervision she might be taught its value at this time. Also during this period she should be taught the need of adequate supervision for her baby.

Dr. Cosbie, lecturer in obstetrics at the Toronto University, attended the last session to answer questions of a medical nature or questions dealing with relationships. The first question raised was the one of the cost of pre-natal care. Dr. Cosbie feels that if patients cannot afford the full cost, they should be referred by their doctors to a nursing organisation to have pre-natal supervision, including blood pressure and urinalysis. If defects are found patients would then be referred back to doctors. Patients should be told the value of medical supervision and of what it consists. They should also be told the danger signals of pregnancy in order to know what action to take should one of these symptoms occur.

An interesting feature of this afternoon's session was a tea given by Miss Gunn for the members of the Institute. It was held in the library of the residence on the same floor as the lecture room and afforded an excellent opportunity for the nurses to talk informally— as well as being a very pleasant half hour of relaxation and enjoyment.

The Institute was brought to a close by Miss Smellie, who asked the group for suggestions for future institutes and spoke of the interest of the Victorian Order of Nurses in conducting discussions of this nature.

It is difficult to know how far-reaching the results of the Institute will be to the nurses who participated and to those with whom they come in contact. There have been expressions of appreciation from every member of the group of the excellent material presented by Miss Cryderman and also of the excellent manner in which the discussions were conducted. There have been requests that the Institute be repeated as soon as possible. It is hoped that this can be arranged. In the meantime the Community Health Association of Greater Toronto and the Victorian Order of Nurses for Canada are happy if the Institute has helped to create a deeper interest in maternal care and a clearer knowledge of the field.

The Watcher

For Mother's Day

She always leaned to watch for us,
  Anxious if we were late,
In winter by the window,
  In summer by the gate.

And though we mocked her tenderly,
  Who had such foolish care,
The long way home would seem more safe
  Because she waited there.

Her thoughts were all so full of us—
  She never could forget!
And so I think that where she is
  She must be watching yet.

Waiting till we come home to her,
  Anxious if we are late—
Watching from heaven's window,
  Leaning from heaven's gate.

—*Margaret Widdemer.*

The Public Health Nurse Apostrophizes Her Hat

Dear hat, you've braved a thousand
  Miles "the battle and the breeze,"
But, now that spring is hastening on,
  You'll not suit days like these.

I wore you when the days were cold,
  When oft I thought I'd freeze,
When Jack Frost walked along with
    me
  My crimson nose to squeeze.

I wore it on that fateful day, as
  On my way I sped
To find the why and wherefore
  Of the spots on Jennie's head.

For Jennie's mother liked me not,
  She thought me very horrid,
And chased me from her own door-
    step
  With words both fast and torrid.

But still I wore you day by day
  As duller grew your colours;
I wore you on my way to school
  And on my way to Tullers.

This family, you will well recall,
  Of reasons had a number
For why they should not come to
    school,
  "We're bringing in the lumber."

"Our mother's sick, we all must stay
  To wait upon her daily."
"The baby's ill, we all must go
  To call for Dr. Bailey."

"We vaccinated were last month,
  Our arms are, oh! so painful;
Our mother says we may remain
  For schooling is not gainful."

But now, dear hat, we two must part,
  You see I have a reason:
I need a hat that'll cool my brains
  All through the summer season.

You will admit my job is such
  To make one feel quite mad,
But, of all jobs, I really think
  'Tis the best one to be had.

Harriette S. Wilson.

—Courtesy Toronto Globe.

A life-size doll plays an important part in the Red Cross Home Nursing demonstration of the correct procedure for baby's bath. In the above photograph the nurse is demonstrating before a Red Cross Home Nursing class at Danforth Public Library, Toronto, Ontario.

News Notes

NURSES—ATTENTION

At a meeting of the Executive Committee, Canadian Nurses Association, held on December 4th, 1930, the following resolution was passed: "That a request be made by the Canadian Nurses Association to the Statistical Department of the Canadian Government asking that when the Dominion census of 1931 is made, there be an enumeration of the women engaged in any form of nursing under the two classifications: (1) Graduate Nurses; (2) Non-Graduate Nurses (practical)."

A copy of this resolution was forwarded to the Dominion Statistician, in acknowledgement of which the following reply was presented to the Executive Committee on March 17th, 1931.

"In the forthcoming census we will segregate nurses as between graduates and non-graduates, as you request. In the last census we grouped together 'nurses' and 'nurses in training.' As you will appreciate, we are dependent in making compilations of this kind on the information given to the census enumerator. Any assistance your Association could render to the end that all graduate nurses should describe themselves as such would be helpful."

Nurses are asked to keep in mind the request made in the foregoing letter when interviewed by the census enumerator within the next month or two. Not only will they assist this federal officer, but they will also aid in providing a means whereby accurate information can be obtained by the Canadian Nurses Association, as frequently a request is made to the Association for the number of graduate nurses in the Dominion.

ALBERTA

CALGARY: The Calgary Association of Graduate Nurses held a bridge in the Union Milk Company Reception Hall on February 19th, 1931, which was much enjoyed by a large number of nurses and their friends.

The Private Duty Section of the Association held a most enjoyable bridge on February 20th, at the home of the convener, Mrs. R. Hayden. A short business meeting was held at the close of the social programme.

MEDICINE HAT: Officers elected for 1931 for the Medicine Hat Graduate Nurses Association are: President, Mrs. Mary Tobin; First Vice-President, Mrs. C. Anderson; Second Vice-President, Miss L. Green; Secretary, Miss M. E. Hagerman; Treasurer, Miss Edna Auger; Convener of Membership Committee, Mrs. C. Wright; Correspondent, "The Canadian Nurse," Miss F. Smith.

BRITISH COLUMBIA

The annual meeting of the British Columbia Graduate Nurses Association was held in the Nurses Residence of the Royal Columbian Hospital, New Westminster, on April 6th and 7th, 1931.

At 10 a.m. on April 6th business meetings were held of the Public Health Nursing, Nursing Education and Private Duty Nursing Sections. Miss E. G. Breeze took the chair at the meeting of the Public Health Nursing Section. Miss Rita Gilley, of Essondale Mental Hospital, gave a most interesting paper on "Occupational Therapy," in which she pointed out the tremendous action that occupation has on the mental condition, and even the simplest thing gives the patients thoughts which take them out of themselves. This paper was received with enthusiasm, and was enjoyed by those present. Miss Margaret Duffield gave a paper on "Post-graduate Courses for Public Health Nurses," and pointed out the advantages which a nurse was entitled to who took post-graduate work, also the necessity of keeping up with the times by the taking of courses which are for the advancement of the profession. The outcome of the paper was that a committee was formed to inquire into the advisability of putting on a summer course at the University of British Columbia. This course, it is hoped, will be taken full advantage of, and enquiries are on foot to find out how many will be willing to patronize it if it should be started in the coming year.

The Nursing Education Section, which was the most largely attended, had more interested nurses present than for some time. Miss Mabel Gray was in the chair. Reports were given from the different committees and also demonstrations of nursing procedures.

The Private Duty Nursing Section, with Miss Olive Cotsworth in the chair, was well attended, and great enthusiasm was shown in the work. Papers were read on the accomplishments of the Private Duty Section during the past year.

The afternoon was started with an invocation by the Rev. Canon Gretton. Then the president's address was given by Miss M. P. Campbell, who presented the work which had been accomplished throughout the year by the Graduate Nurses Association, dwelling on Dr. Weir's Survey, from which it is hoped reports will soon be available. Miss Campbell gave a most interesting report. The secretary's report was given by Miss Mabel Dutton, and the registrar's report by Miss Helen Randal, followed by a very splendid address by Sister John Gabriel, on nursing education and the difficulty in selecting applicants for training, as, of course, both their mental capacity

and their ability to carry on the work have to be considered. So much is demanded now of nurses that their standard must be high, and the superintendents in selecting their nurses have to make a very careful choice if they desire their schools to hold the standard which is expected of them. Sister John Gabriel pointed out all the difficulties attendant on this selection, and it was realised by her listeners that today is one of the most difficult periods in nursing education.

In the evening a dinner was held in the Georgian Club, Vancouver, the speaker being Dr. Irlma Kennedy on "Psychiatric Nursing." Dr. Kennedy is so graphic and descriptive in her delivery that at the end of her talk those present felt very doubtful as to whether they really are mentally efficient. However, her talk was most stimulating and enjoyable, and all considered that it was much too short.

On Tuesday, April 7th, in the morning a visit was made to the Essondale Mental Hospital, which was most interesting to all who took part in it. At 2 p.m. joint meetings of the Public Health Nursing, Nursing Education and Private Duty Nursing Sections were held, and the speakers were Miss Ethel C. Pipes, Dietitian of the Vancouver General Hospital, who gave a talk on "The 4 F's," and then Dr. W. A. Robertson, who gave a splendid address on "Emotional Man and How to Nurse Him." Dr. Robertson was most descriptive of the nurse's little shortcomings and how to overcome them. His talk was greatly enjoyed. Dr. Coleman then spoke on "The Widening Conception of Professional Service," remarking that the nursing profession set itself a higher standard than the ordinary lay standard, in consequence of which nurses have to live on a much finer plane if they do not wish to fall from public favour. A great deal is expected of the nurses and they must not destroy this expectancy of the public. He also pointed out that they had a very satisfactory profession as they did see results from their work, whereas in his profession it was mostly done in faith, as no results were ever known of the work which he did. Dr. Coleman was most humourous and sympathetic, and he made one have a very fine idea of what work is, and his description of all work was most enlightening. Tea was then served by the New Westminster Nurses Association and hospital staff.

In the evening reports of the Inspector of Training Schools and all the other reports were given. The unfinished business was disposed of and then the election of officers took place. This was followed by a dramatisation of "Public Health Nursing of Many Lands," by the Alumnae Association of Public Health Nurses of the University of British Columbia. This little dramatic scene was exceptionally well enacted, and it demonstrated "Miss Florence Nightingale" receiving reports from her successors in different fields of nursing, especially the Public Health field. There were reports of what Belgium, New Zealand, Australia, Canada, England, United States of America, India, Jugo-Slavia, etc., were doing in the Public Health field, and "Miss Nightingale" received them very graciously, and was most interested in the progress which has been attained.

This ended the most enjoyable meeting, the best which has taken place for some time.

VANCOUVER: The regular monthly meeting of the Vancouver Graduate Nurses Association was held in the Auditorium of the Vancouver General Hospital, on March 4th. The Directory Committee's report was given by Miss Bullock. The Treasurer's report showed a total balance of over $800.00. The Ways and Means Committee reported successful progress in the sale of tickets on the Ford car, proceeds of which are to go towards swelling the Sick Benefit Fund. The Committee expected that all tickets would be sold by the 1st of April. The report of the Special Committee dealing with the question of limiting members of the registry in order to give sufficient work to all who pay the required fee, was given. After some discussion it was decided that the committee continue their investigation and study of the problem. Following the business meeting, Miss Freda Daly gave an enjoyable programme consisting of readings and songs from Shakespeare.

JUBILEE HOSPITAL, VICTORIA: On March 9th, 1931, the Alumnae Association held their annual meeting, all officers of the preceding year being re-elected by acclamation. A bursary, to be given to an Alumnae member for post-graduate work, has received much discussion, and it is hoped that it may be presented to the most deserving applicant during the coming year. With this in view, the Alumnae are pleased that 1930 proved so successful a year, both financially and from the point of new memberships.

MANITOBA

GENERAL HOSPITAL, WINNIPEG: On April 1st, 1931, the regular monthly meeting of the Alumnae Association was held at the Nurses Home. Mrs. H. M. Speechly, Director of the Manitoba Division of the Canadian Red Cross, gave a most interesting talk on the work the society is doing in the Province.

Miss Josie Howson (1929), has accepted a position on the staff of the Pine Falls Hospital, at Pine Falls, Manitoba. Miss Minnie Frost (1907), has returned to Winnipeg after spending the winter months in Vancouver. Miss Edith Deason (1913), Miss Ethel Wilson (1929), and Misses Rose Preloski, A. Howard, and Edna McFarlane (1930), have accepted positions on the hospital staff.

NEW BRUNSWICK

GENERAL HOSPITAL, SAINT JOHN: On March 6th, 1931, members of the Alumnae Association held a bridge and dance at the Pythian Castle. The proceeds, about $230, will go towards the fund for furnishing a

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ward in the new hospital. Members of the Alumnae are glad to learn that Miss McGrath is now convalescing, having been confined to the Isolation Hospital, with diphtheria. The sympathy of the Alumnae is extended to Misses Margaret and Mary Murdoch on the death of their mother; to Mrs. J. J. Mitchell (Frances O'Keefe), on the death of her brother, Rev. David S. O'Keefe, Rector of St. Gertrude's Church, Woodstock, N.B.; and Miss Augusta McGrath, on the death of her sister. Much regret was felt by the members on the death of Miss Phyllis Greene, a senior nurse, which occurred on February 23rd, 1931. Miss Greene was at her home on sick leave, and while there developed meningitis. She was taken to the Fredericton Hospital, where she passed away.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in April, 1931, were 1047, sixty-four less than in March, 1931.

Appointments

Miss Bessie Wilstonhonly, St. George, to the staff of the Victorian Order of Nurses, Edmonton, Alta. Miss Jessie Patterson (Women's College Hospital, 1925), to the Public Health Staff, Swansea.

The sixth annual meeting of the Registered Nurses Association of Ontario was held in Kitchener, April 9, 10 and 11. The hostesses—District No. 2 and the Kitchener nurses—had made delightful arrangements for the meeting and entertainment. The general sessions were held in the ballroom of the Hotel Walper, the open meeting in the Kitchener and Waterloo Collegiate and the section meetings in the City Hall.

Thursday morning and afternoon, and the latter part of Saturday morning were devoted to business meetings and reports of committees. At the open meeting, addresses of welcome were given by the Mayor, and Rev. Father W. B. Mayer, and were responded to by Miss E. Muriel McKee, president of the Registered Nurses Association of Ontario. Greetings from the Ontario Medical Association were given by Dr. Ward Woolner, president. The address of the evening was given by the Hon. Dr. J. M. Robb, Minister of Health for Ontario, who spoke particularly on the need of greater health work, advocating county health units; and of the inadvisability of conducting schools of nursing which cannot give the student nurse an adequate experience or training. He spoke of the responsibility of the superintendent of nurses toward the health and well-being of her students.

Friday morning was devoted to section meetings and round tables. The Nursing Education Section discussed various reports, among them the report of the Council on Nursing Education, and held a round table on problems of common interest. The Private Duty Section had a round table on common problems. The Public Health Section held a round table conference on "The Place of Nutrition in a Public Health Nursing Programme," led by Miss M. Bell, Nutrition Supervisor, Victorian Order of Nurses, Montreal. In the afternoon the Private Duty and Public Health Sections held open sessions which were addressed by Dr. F. B. Mowbray, Hamilton, on "The Cancer Problem," and by Dr. R. G. Armour, Toronto, on "Suggestive Elements in Medical Care," respectively. Saturday morning, at the Nursing Education Section open meeting Miss Jean I. Gunn gave a paper on "Does the Supply of Nurses in Ontario exceed the Demand?" This paper was not only the summing up of material gained by extensive study and research, but was also full of suggestive ideas for further study and action.

The officers for the coming year are, President, Miss Mary B. Millman, Toronto; First Vice-President, Miss Marjorie Buck, Simcoe; Second Vice-President, Miss Priscilla Campbell, Chatham; Secretary-Treasurer, Miss Matilda Fitzgerald, Toronto. The next meeting is to be held in Ottawa.

The Board of Directors was entertained at a high tea at Freeport Sanitorium, on Wednesday, and the Kitchener nurses gave a high tea to the whole association on Thursday, when Miss Mabel Dunham, the local librarian, spoke on a romance in the life of Florence Nightingale, which touches on the history of Waterloo County. Miss Elizabeth Smellie, Ottawa, gave a delightfully whimsical account of her recent visit to Europe at the banquet on Friday evening.

The total registration of members and other nurses was over 350. The meetings were well attended and there was interested and helpful discussion. It was felt that this annual meeting had been a very successful one, no little credit being due to the retiring president, Miss McKee, and to the splendid arrangements made by the hostesses.

District 2

Miss Hilda Muir, Convener, Permanent Education Fund, R.N.A.O., District No. 2, has issued letters to members of the District asking for a subscription of $1.00 a year. The District obligation for 1930 is $146.00.

Brantford: The Home Nursing Committee of the Canadian Red Cross, Ontario Division, Brantford Branch, has been very active during the past winter. Miss E. M. McKee is Convener of the Committee. Miss M. Henderson and Mrs. Morrison McBride were responsible for organising the classes, which were taught by Miss H. Kerr, Miss C. Good, Miss W. Argue, Miss W. Chute, Miss Florence Keffer, Miss Frances Batty, Miss Nellie Yardley, and Mrs. A. Doherty, Registered Nurses. Miss H. Murison, Dietitian, Brantford General Hospital, taught invalid cooking and food values. Dr. George Harris gave lectures on Infant Feeding, Dr. W. L. Hutton on Hygiene and Sanitation, and Dr. R. W. Knight accidents and emergencies.

Miss Winnifred Argue, of the staff of the Victorian Order of Nurses, Brantford, who had a three-months' leave of absence to take a special course with the Victorian Order in

Montreal, has returned and is resuming her duties.

Miss Beatrice MacDonald, who has been relieving on the staff of the Victorian Order of Nurses, Brantford, for the last three months, has resumed her work as private duty nurse. Miss Henrietta Kerr, of the Victorian Order of Nurses staff, Brantford, has conducted two mothercraft classes this year, with an enrolment of some thirty-two children. The Florence Nightingale Club provides prizes and a reception for the children at the completion of their course of instruction.

General Hospital, Brantford: Miss H. Miller (1928), has recently completed a three months' special course with the Victorian Order of Nurses in Montreal, and has been appointed to the staff of the Order at Sudbury, Ont. Miss Reita Graham (1929), who has been critically ill, is now convalescing at the Brantford General Hospital.

General Hospital, Guelph: The regular meeting of the Alumnae Association was held in the class-room of the nurses residence on March 3rd. Dr. Annie Ross, of the Ontario Agricultural College, who has recently returned from a trip through the Holy Land, gave a most interesting illustrated talk on her journey.

District 5

Grant MacDonald Training School: A very successful bridge and dance was held by the Alumnae Association on March 18th, 1931. The nurses home was tastefully decorated in St. Patrick style, and buffet supper was served.

Western Hospital, Toronto: At the March meeting of the Alumnae Association, it was decided that a dinner dance be held the last week in April in honour of the graduating class of 1931. Dr. Margaret Patterson gave an interesting talk on "Nursing in the Orient." Teas and showers were given by many friends of Miss Evelyn Mable Knowles (1922), prior to her marriage and honeymoon trip to Europe. Mr. and Mrs. Shaw will be away three months. On their return they will reside in Winnipeg. Miss Frances I. Wiltsie (1930), is on a vacation trip to Bermuda.

Women's College Hospital: At the monthly meeting of the Alumnae Association, the graduating class was given the opportunity of hearing Miss Barbara Blackstock, who gave a most interesting address on visiting housekeepers. During the evening Miss Piper (1929), was given a travelling clock. Miss Piper leaves shortly for Bolivia, South America, where she will be engaged in nursing with the Baptist mission.

QUEBEC

Jeffery Hale's Hospital, Quebec: The Alumnae Association extends to Miss Alma Wolff sincerest sympathy on the death of her father.

Western Hospital, Montreal: Dr. F. G. Gurd gave a most interesting talk to the Alumnae Association, the subject being his recent visit to Europe. Miss Florence Martin, of New York, spent a few days in Montreal recently. The sympathy of the members of the Alumnae is extended to Mrs. Robertson on the death of her sister, Miss Dorothy Rowley.

General Hospital, Montreal: Miss K. Messenger (1930), is in charge of the operating room of the Sweetsburg Hospital, Sweetsburg, P.Q. Miss J. Webster, night superintendent, and Miss Denniston, assistant instructor, are both patients in the Hospital. The Association regrets that Mrs. Allan (Miss McCammon, 1918), has found it necessary to resign as President of the Alumnae Association.

SASKATCHEWAN

The City Hospital, Saskatoon: The March meeting of the Alumnae Association took the form of a social evening. The social committee, with the help of Mrs. Elliott, arranged a most enjoyable evening, and those present had a very jolly time. The 1929 class was entertained recently by Mrs. Drake, in honour of her sister, Mrs. Ralph Winram (Dick Rutherford), who, with her baby son, is visiting in Saskatoon. Other members of the 1929 class who entertained informally for Mrs. Winram were Mrs. J. Taylor, Mrs. Lloyd, and Mrs. Pendleton. Miss Greta Munroe has been confined to her bed for a considerable time with a severe attack of rheumatism. Misses G. Emmerson and E. Andrews (1931), have recently been appointed to the nursing staff of The City Hospital.

C.A.M.C.

Members of the Overseas Nursing Sisters' Association of Canada will be glad to learn that the General Directory will shortly be put in the hands of the printers, and it is hoped that it will be ready for distribution early in May.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BEWELL—On February 14th, 1931, to Mr. and Mrs. James Bewell (Mabel Estabrook, Toronto General Hospital, 1925), a daughter.

BOWMAN—On February 26th, 1931, at Owen Sound, Ont., to Mr. and Mrs. Nelson Bowman (Harriet Warner, General and Marine Hospital, Owen Sound), a son.

DUFF—On March 10th, 1931, at Brooklyn, N.Y., to Mr. and Mrs. Harold Duff (Grace Gier, Toronto Western Hospital, 1921), a son.

FLECK—On February 10th, 1931, to Mr. and Mrs. Douglas Fleck (Norma Byrnes, Toronto General Hospital, 1928), a son.

GASS—On March 4th, 1931, to Mr. and Mrs. Gass (Beryl Young, Toronto General Hospital, 1919), a son.

HOWARD—On February 21st, 1931, at St. John, N.B., to Mr. and Mrs. John Howard (Hazel Stirritt, St. John General Hospital, 1921), a son.

HOWARD—On February 11th, 1931, at Brooklyn, N.Y., to Mr. and Mrs. J. A. Howard (Jean Beattie, Calgary General Hospital, 1921), twin boys.

IRWIN—On April 10th, 1931, at Winnipeg, to Mr. and Mrs. H. Irwin (Olive Ray, Winnipeg General Hospital, 1921), a daughter.

LAMONT—On February 28th, 1931, at Glassville, N.B., to Mr. and Mrs. William Lamont (Isabel Wiley, Fisher Memorial Hospital, Woodstock, 1927), twins, a boy and girl.

LOCKWOOD—On January 7th, 1931, at Moose Jaw, Sask., to Mr. and Mrs. W. W. Lockwood (Jean Motta, Winnipeg General Hospital, 1926), a daughter.

MAY—On January 20th, 1931, at Hamilton, Ont., to Mr. and Mrs. Sydney James May (Ida Tucker, Hamilton General Hospital, 1927), a son.

McCONNELL—On February 4th, 1931, to Mr. and Mrs. McConnell (Clara Wheatley, Toronto General Hospital, 1922), a daughter.

McCUTCHEON—On February 6th, 1931, at Westmount, P.Q., to Mr. and Mrs. Marshall McCutcheon (Rose Benson, Women's General Hospital, Westmount, 1925), a daughter.

McGOWAN—In March, at Kilmuir, P.E.I., to Mr. and Mrs. M. McGowan (Lorna Weatherbie, Jeffery Hale's Hospital, Quebec, 1929), a daughter.

O'SHAUGHNESSY—On February 26th, 1931, at Montreal, to Dr. and Mrs. P. O'Shaughnessy (Audley Fraser, Montreal General Hospital, 1924), a son.

REID—On March 13th, 1931, at Orangeville, Ont., to Mr. and Mrs. Eugene J. Reid (Eva Lee, Hamilton General Hospital, 1929), a son.

REID—On February 9th, 1931, to Mr. and Mrs. Gordon H. Reid (Edith Murphy, Toronto General Hospital, 1919), a son.

SNYDER—On March 24th, 1931, at Detroit, Mich., to Mr. and Mrs. J. A. Snyder (Jean Fretz, Hamilton General Hospital, 1921), a daughter.

TACKABERRY—On March 27th, 1931, at Owen Sound, Ont., to Dr. and Mrs. W. J. Tackaberry (Sadie Myles, Owen Sound General and Marine Hospital), a son.

WARRENER—On March 16th, 1931, to Dr. and Mrs. W. P. Warrener (Jean Hay, Toronto General Hospital, 1924), a daughter.

MARRIAGES

BENNER—MITCHELL—On March 14th, 1931, at Owen Sound, Ont., Alice Mitchell (Owen Sound General and Marine Hospital, 1924), to John Benner, of Owen Sound.

BOLTON—MACPHERSON—On February 14th, 1931, Jean MacPherson (Grant MacDonald Training School for Nurses, 1928), to James Bolton, of Montreal.

GRONDIN — LABELLE — On April 6th, 1931, at Montreal, Gertrude Labelle (Montreal General Hospital, 1925), to Maurice Grondin, of Montreal.

HALL—LOWNDES—On March 12th, 1931, at Toronto, Mildred B. Lowndes (Toronto General Hospital, 1929), to Wm. Hall, of Ayr, Ont.

MUNIZ—EVERETT—In December, 1930, at Mt. Kisco, New York, Jane Everett (Fisher Memorial Hospital, Woodstock, 1929), to Herbert Muniz.

O'DONNELL—MOSS—On February 7th, at Winnipeg, Elizabeth Moss (Winnipeg General Hospital, 1927), to Ted O'Donnell.

RICHARDSON—HALLOWAY—On February 11th, 1931, at Chicago, Ill., Helen Halloway (Winnipeg General Hospital 1925), to Robert Richardson. At home Apt. K3, 7430 North Damen Ave., Chicago.

SHAW—KNOWLES—On March 17th, 1931, at Toronto, Evelyn Mable Knowles, (Toronto Western Hospital, 1922), to Hugh Shaw.

URE—GLENNY—On February 9th, 1931, at Hamilton, Ont., Corrine Glenny (Hamilton General Hospital, 1926), to Wilfred Ure, of Woodstock, Ont.

WILLIAMS — MALCOLMSON — On April 11th, 1931, at Hamilton, Ont., Elizabeth Podeen Malcolmson (Hamilton General Hospital, 1914), to R. Shieldon Williams, of West Hartley, England.

DEATHS

GREEN—On February 23rd, 1931, at Fredericton, N.B., Phyllis Greene (General Hospital, St. John, N.B.).

REGISTRATION OF NURSES, PROVINCE OF ONTARIO

Examination Announcement

An examination for the Registration of Nurses in the Province of Ontario will be held in May.

Application forms, information regarding subjects of examination, and general information relating thereto may be had upon written application to

Miss A. M. MUNN, Reg.N. Parliament Bldgs., Toronto

LIST OF BOOKS AND PAMPHLETS ON FLORENCE NIGHTINGALE

Through the courtesy of the Hospital Library and Service Bureau, American Hospital Association, the Journal is able to publish the following list of books and pamphlets on Florence Nightingale, which our readers will find of value for future reference.

Adams, E. C. and Foster, W. D.	*Heroines of Modern Progress.* 1922. Macmillan, New York City. (Character sketch p. 120-140.) $1.50.
*Aikens, Charlotte A.	*Lessons from the Life of Florence Nightingale.* 1915. Lakeside Pub. Co., New York City. Paper, 40c.
*Aldis, M.	*Florence Nightingale; An Appreciation.* 1914. Nat'l. Organ. for Pub. Health Nursing. New York City. Paper.
Andrews, Mrs. Mary R.	*Lost Commander—Florence Nightingale.* 1929. Doubleday, Doran & Co., Garden City, N.Y. $3.00.
Brainard, Annie M.	*Evolution of Public Health Nursing.* 1922. Saunders, Phil. (Florence Nightingale p. 85-101). $3.00.
Buehler, J. R. and Allison, S. B.	*Grace Darling and Florence Nightingale.* A. Flanagan Co., Chicago. 10c.
*Carey, Rosa N.	*Twelve Notable Good Women of the Nineteenth Century.* 1900. Dutton, New York City.
*Cook, Sir Ed. T.	*Life of Florence Nightingale.* 2v. 1913. Macmillan, New York City. $7.50.
Cook, Sir Ed. T.	*Short Life of Florence Nightingale,* with additional matter. 1925. Macmillan, New York City. $3.50.
*Curtis, W. E.	*Around the Black Sea.* 1911. Doran, New York City. (Florence Nightingale p. 313-324.)
Dock, Lavinia L. and Stewart, Isabel M.	*Short History of Nursing.* 1920. Putnam, New York City. (Florence Nightingale p. 117-141.) $3.50.
Elliot, G., ed.	*Florence Nightingale Tableaux.* 1920. Macmillan Co. Paper, 30c.
Goodnow, Minnie	*Outlines of Nursing History.* 1923. Saunders, Phil. (Florence Nightingale p. 63-92.) $3.00.
Hall, Eleanor F.	*Florence Nightingale.* 1920. Macmillan Co., New York City. $1.40.
**Hallock, Grace T. and Turner, C. B.	*Health Heroes—Florence Nightingale.* 1928. Metropolitan Life Insurance Company, New York City. Paper, free.
Holmes, Marion	*Florence Nightingale; A Cameo Life Sketch.* 1912. Women's Freedom League, London, England.
	**Is That Lamp Going Out?* To the heroic memory of Florence Nightingale. 1911. Hodder, New York City.
	Lady With the Lamp and Her Inheritors. n.d. Nat'l. Organ. for Pub. Health Nursing. New York City.
Mabie, H. W.	*Heroines That Every Child Should Know.* 1915. Grosset, New York City. $1.00.
McFee, Mrs. Inez N.	*Story of Florence Nightingale.* 1912. F. A. Owen Pub. Co., Dansville, N.Y. Paper, 15c.
McKenna, Stephen	*While I Remember.* 1921. Doran, New York City. $3.50.
*Matheson, Annie	*Florence Nightingale,* a biography. 1914. T. Nelson & Sons, New York City. $1.25.
Pennock, Meta R. ed.	*Makers of Nursing History.* 1928. Lakeside Pub. Co., New York City. (Florence Nightingale p. 20-21.) $1.50.
Pollard, Eliza F.	*Florence Nightingale, the Wounded Soldier's Friend.* 1911. Partridge, London, England.
Quiller-Couch, Sir A. T.	*Roll Call of Honor; A New Book of Golden Deeds.* 1913. T. Nelson & Sons, New York City. $2.50.
Quiller-Couch, Sir A. T.	*Victors of Peace.* 1928. T. Nelson & Sons, New York City. 60c.
Reed, Myrtle	*Happy Women.* 1913. Putnam & Sons, New York City. $1.50.
Reid, E. G.	*Florence Nightingale, A Drama.* 1922. Macmillan, New York City. $1.25.
Richards, Mrs. Laura E. (Howe)	*Florence Nightingale, the Angel of the Crimea:* a story for young people. 1909. Appleton, New York City. $1.75.
Strachey, G. Lytton	*Eminent Victorians.* 1918. Putnam, New York City. (Florence Nightingale p. 135-204). $3.50.
Strachey, G. Lytton	*Eminent Victorians.* Garden City Pub. Co., Garden City, L.I., New York. $1.00.
*Tooley, Mrs. Sarah A.	*Life of Florence Nightingale.* 1917. Macmillan, New York City. $2.00.
Wakeford, Constance	*Wounded Soldier's Friend.* 1917. Headley, London, England. (Florence Nightingale p. 152.)
*Wentle, W. J.	*Story of Florence Nightingale.* n.d. Whittaker, New York City.
Worcester, Alfred	*Nurses and Nursing,* 1927. Harvard University Press, Cambridge, Mass. (Florence Nightingale p. 50-76.) $2.00.

*Out of print and may be bought through second-hand dealers.

**The Metropolitan Life Insurance Company, New York City, will furnish a film: "Life of Florence Nightingale," free to hospitals and schools of nursing, with sufficient booklets "Health Heroes" for general distribution.

Official Directory

INTERNATIONAL COUNCIL OF NURSES

Secretary.. Miss Christiane Reimann, Headquarters: 14 Quai des Eaux-Vives, Geneva, Switzerland.

EXECUTIVE COMMITTEE, CANADIAN NURSES ASSOCIATION

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COUNCILLORS

Alberta: 1 Miss Eleanor McPhedran, Central Alberta Sanatorium, Calgary; 2 Miss Edna Auger, General Hospital, Medicine Hat; 3 Miss B. A. Emerson, 604 Civic Block, Edmonton.

British Columbia: 1 Miss M. P. Campbell, 118 Vancouver Block, Vancouver; 2 Miss M. F. Gray, Dept. of Nursing, University of British Columbia; 3 Miss E. Breeze, 4662 Angus Ave., Vancouver; 4 Miss O. V. Cotsworth, 3563 32nd Ave. W., Vancouver.

Manitoba: 1 Mrs. J. F. Morrison, 184 Brock St., Winnipeg; 2 Miss Mildred Reid, General Hospital, Winnipeg; 3 Miss Isabell McDiarmid, 363 Langside St. Winnipeg; 4 Mrs. Doyle, 5 Vogel Apartments, Winnipeg.

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Ontario: 1 Miss E. Muriel McKee, General Hospital, Brantford; 2 Miss Edith Rayside, General Hospital, Hamilton; 3 Miss Ethel Cryderman, Jackson Bldg., Ottawa; 4 Miss Isabel MacIntosh, 353 Bay St. S., Hamilton.

Prince Edward Island: 1 Mrs. Arthur Allen, Summerside; 2 Sister Ste. Faustina, Charlottetown Hospital, Charlottetown; 3 Miss Mona Wilson, Red Cross Headquarters, 59 Grafton Street, Charlottetown; 4 Miss Millie Gamble, 51 Ambrose Street, Charlottetown.

Quebec: 1 Miss M. K. Holt, Montreal General Hospital, Montreal; 2 Miss Flora A. George, The Woman's General Hospital, Westmount; 3 Miss Marion Nash, 1246 Bishop Street, Montreal; 4 Miss Sara Matheson, Haddon Hall Apts., 2151 Comte Street, Montreal.

Saskatchewan: 1 Miss Elizabeth Smith, Normal School, Moose Jaw; 2 Miss G. M. Watson, City Hospital, Saskatoon; 3 Miss M. E. Grant, 922 9th Ave., Saskatoon; 4 Miss C. M. Munroe, Coronation Court, Saskatoon.

ADDITIONAL MEMBERS TO EXECUTIVE
(Chairmen National Sections)

Nursing Education: Miss G. M. Fairley, Vancouver General Hospital, Vancouver, B.C.; **Public Health:** Miss M. Moag, 1246 Bishop St., Montreal, P.Q.; **Private Duty:** Miss Isabel MacIntosh, 353 Bay St. South, Hamilton, Ont.

Executive Secretary.....Miss Jean S. Wilson

National Office, 511, Boyd Building, Winnipeg, Man.

1—President Provincial Association of Nurses.
2—Chairman Nursing Education Section.
3—Chairman Public Health Section.
4—Chairman Private Duty Section

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Regular meeting First Tuesday in month.

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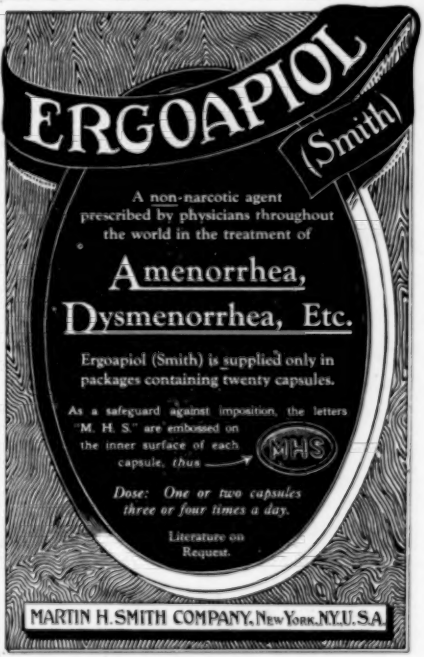
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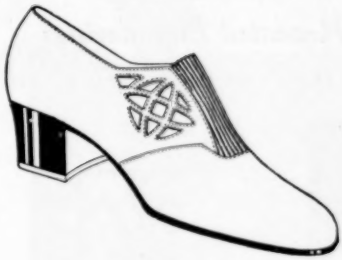

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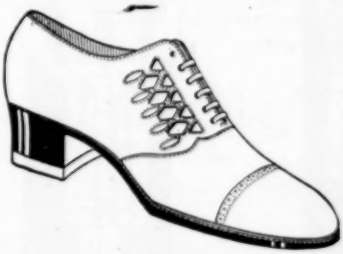

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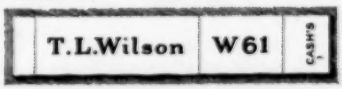

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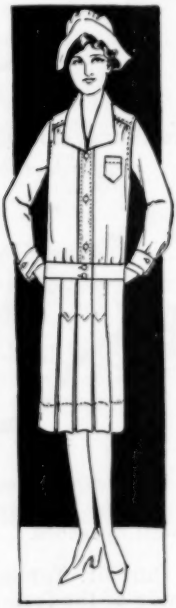

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